



Our name has changed Our work has not

**AVSC International 2000 Annual Report
EngenderHealth**



President's Message

EngenderHealth's vision

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Yes, we finally decided to part with the name AVSC International, a respected name representing a proven track record over nearly 58 years. The reason is simple. “AVSC” was originally an acronym for the Association for Voluntary Surgical Contraception—a later form of an earlier name, the Association for Voluntary Sterilization (AVS). Although we will continue to be leaders in making safe and voluntary sterilization services available worldwide, we have found that focusing exclusively on sterilization in a vacuum is no longer either effective or responsive to global needs.

Sterilization must be offered in the context of other safe and effective contraceptive choices. The relationship between preventing pregnancy and avoiding maternal death has never been clearer, as one-third of these deaths are due to complications from unintended pregnancy. In Guinea, for example, one in nine women die as a result of pregnancy complications, and women are contracting HIV at alarming rates. These women do not have access to the most basic family planning or maternal care. Many have never been offered information about how to prevent HIV infection. Today, family planning must be provided in the context of a global AIDS epidemic.

So, over the last decade, we broadened our work to reflect these realities, and this year, we changed our name to communicate this more comprehensive approach. But we have not changed our mission to “improve the lives of individuals by making reproductive health services safe, available, and sustainable.”

Currently, 70% of the health care used in the world is used by women and children, an overwhelming proportion of which is related to reproductive health. Last year, to meet these needs, we trained 36,000 clinicians to provide better health care to ever-larger numbers of people in the poorest countries in the world. We worked in nearly 3,000 clinics and hospitals across 30 countries. We trained health workers who trained others and, so, the network has spread across communities and whole nations. Our work reached more than 5,000,000 women and their partners in this year alone, in part because we spend more than 80% of our budget on the programs that make a difference—a percentage that consistently earns us

the highest rating from those who evaluate the organizational effectiveness of non-profits.

But these numbers tell only half the story. The rest of the story is about how improving a health facility offers real people new hope and new choices. It is about the family planning clinic in Nepal where women used to wait many hours to be offered few options—but that now enables more women than ever before to prevent a pregnancy they desperately don’t want. It is about the maternity facility in Kenya where women used to go only to die—but where they now seek an attended birth, because word has traveled that women who give birth at the facility survive even a difficult delivery. We do not ourselves provide medical services. But our work occurs at the clinic level where, surrounded by despair, we bear witness every day to remarkable transformations—and where we have begun to dream.

We dream of a world in which all women are able to choose when and whether to have a child, to avoid preventable pregnancy-related death, and to maintain reproductive health. In that world, children survive infancy, male partners share responsibility, and rights are safeguarded. It is a world of vibrant, productive communities in which girls go to school and their mothers are healthy enough to participate in civic life.

Over the next century, we will help to realize this vision. We will do so by continuing our work to help make clinic- and hospital-based family planning and other reproductive health services function efficiently to meet the health needs of individuals.

We are stable, financially sound, and highly effective. But today, although we have never been particularly political, our work is under attack and our funding threatened. We cannot wait for the tide to turn. We are developing new sources of support, and we will ride out any storm in order to continue with our work. Your commitment and your generosity will make this possible. Thank you.



Amy E. Pollack, M.D., M.P.H.
President





“Your name describes more accurately your real role as facilitators and enablers, focusing on women’s health.”

– THORAYA AHMED OBAID, EXECUTIVE DIRECTOR, UNITED NATIONS POPULATION FUND (UNFPA)

On becoming EngenderHealth

We've changed our name to better convey the contributions of AVSC International



We want to do more than “engender health”—we want to engender hope. Women who have the rights and ability to control their own fertility are at the heart of stable families and communities. Healthy women make healthy choices—for themselves, their families, and their communities. We chose the name EngenderHealth to reflect our conviction that safeguarding women’s health is in everyone’s best interest. – AMY E. POLLACK, M.D., M.P.H., PRESIDENT, ENGENERHEALTH

While the name AVSC was known for its half-century track record of accomplishments, it did not communicate the nature of our work and was confusing to many people. “Engender” means to cause or make happen. That’s what we do—we make health care happen, particularly for women. All around the world, where needs are great and resources are few, we train health care providers and transform hospitals and clinics. We strengthen the capacity of health systems to provide quality reproductive health services, building a web of quality care that has improved the lives of millions of women and their families around the world. “Engender” also expresses what we know to be true: to improve the health of women, we must bring an awareness of gender inequity into the delivery of health care. That means we must also work with men, the other half of the world’s population. Finally, our name has caught up with our work!



What stays the same?

Family planning is central to improving women's health



MEETING ONGOING DEMAND

Last year, we worked at 2,746 sites in 29 countries to make family planning services more available to women and men. We helped 1,266 of those sites respond to their large, unmet demand for female contraception services, including IUDs, Norplant implants, and voluntary sterilization. In the Philippines, EngenderHealth provided technical assistance to 156 government hospitals. At the Alfonso Ponce Enrile Memorial District Hospital, for example, Dr. Mila Marantan reports that the number of women choosing tubal ligation increased from an average of four to 65 cases per month as a result of increased quality of family planning and access to services. She finds that many mothers choose sterilization over temporary family planning methods because their families are complete and they want to provide more attention and love to the children they already have. "A lot of women are interested in tubal ligation...they just don't know how to avail themselves of it."

For more than 30 years, EngenderHealth has been a global leader in supporting family planning services where they are needed most. Voluntary sterilization—the number one method of contraception worldwide—continues to be at the core of our work in many countries. With an unflinching attention to human rights, and to the choice and health of individuals, our efforts have increased the availability and improved the quality of voluntary sterilization services for women and men across five continents. Last year, world population reached the 6 billion



mark, and it is projected to reach 7 billion in 2014. Yet despite gains in slowing fertility, millions of people worldwide still need family planning services. EngenderHealth remains committed to ensuring that individuals everywhere have access to family planning counseling and a range of safe and effective contraceptive options. In the long term, our efforts truly “engender” women’s health while helping to preserve the environment of our fragile planet for future generations.



“The most neglected aspect of the population debate is the adverse impact of high fertility...on women in societies where their voices don't count.” – AMARTYA SEN, CAMBRIDGE UNIVERSITY



In Cambodia, we trained traditional midwives—revered as “country doctors”—in critical life-saving skills, helping to rebuild a war-torn health system and create a foundation for family planning services.



“Because of the ICPD, when we talk of population today we mean women’s reproductive health and rights.”

—NAFIS SADIQ, M.D., FORMER UNFPA EXECUTIVE DIRECTOR, AND ENGENDERHEALTH BOARD MEMBER

What's new?

Our work now reaches more people in need



WIDENING OUR NET

In 1988, EngenderHealth developed COPE®, a quality-improvement process. Now a registered trademark, COPE has grown into a landmark program. At thousands of sites worldwide, COPE has improved health services by decreasing client waiting times, resolving shortages of staff and supplies, improving communication, and increasing staff and client satisfaction. In one study of 11 sites in four African countries, 73% of problems that clinic staff could solve without outside help were solved using COPE. Initially developed for family planning, COPE is now being used to improve other health services. Last year, in response to demand from our clinic-based colleagues, we developed COPE assessment guides for use across the reproductive health spectrum, adapted COPE for use in child health programs together with UNICEF, and became a part of a global Columbia University safe-motherhood initiative to improve the quality of emergency obstetric care.

As recognized in the Programme of Action of the 1994 International Conference on Population and Development (ICPD) in Cairo, family planning services must be offered in conjunction with related health services and within a framework that is sensitive to both individual rights and the realities of women's lives. EngenderHealth has met this challenge; we've put the Programme of Action into *real* action. Over the past 10 years, we've taken the skills and approaches developed during our 50+ years of family planning work and begun to apply them to new areas



of health care. The core services we offer—improving safety and efficiency in health care facilities, ensuring choice and counseling—are equally effective and in demand beyond the family planning clinic. Today, we also work at facilities that meet the needs of women in the areas of maternal and child health, HIV/AIDS counseling and prevention, postabortion care, and cervical cancer screening. We've expanded our capacity, helping to respond to the health care needs of more individuals than ever before.

Is family planning just contraception?

**Family planning is about choosing
between pregnancy prevention and
healthy pregnancy when the time is right**

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THE FAMILY PLANNING SPECTRUM

This year alone, EngenderHealth trained more than 10,191 health workers in family planning services and counseled another 1,318 in sterilization service delivery. At the other end of the “family planning” spectrum, we collaborated with the Columbia University School of Public Health’s AMDD (Averting Maternal Death and Disability) Project in order to develop tools that will help improve the quality of emergency obstetric care and make motherhood safer. Directly linking family planning and maternity care, we supported postpartum contraception programs in 1,159 clinics and hospitals in 17 countries. Last year in Turkey we trained staff to provide family planning counseling and postpartum services to prenatal clients, resulting in a 10-fold increase in the use of these services.



Family planning offers individuals the opportunity to have a planned and healthy family. Quality maternity care and contraceptive services together ensure the health of mothers and, in turn, the health and well-being of the children they bear. Yet, in many areas of the world, millions of women lack access to either contraceptive or maternity services. Unintended pregnancies result, and motherhood is still

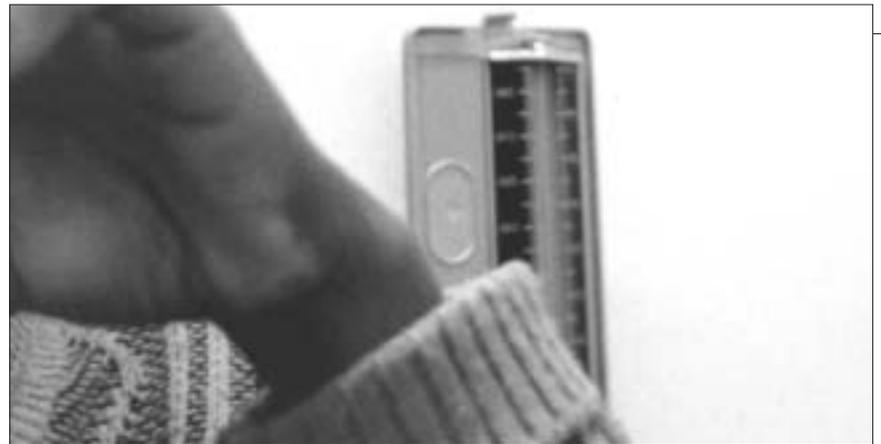


a dangerous undertaking. Women who are unable to space their children are at the greatest risk. Every year, 514,000 women die as a result of pregnancy or childbirth.

EngenderHealth saves the lives of women by helping to make motherhood safer and by helping to make contraception available both before and after pregnancy. By offering life-saving medical care and family planning referrals to women suffering from abortion complications, EngenderHealth further helps to reduce maternal deaths and ensure planned pregnancies. Our work replaces the cycle of repeat pregnancy and abortion with a cycle of choice and survival.



The cost of good-quality maternal care during pregnancy, delivery, and after birth...is about US\$3 per person per year. - WORLD HEALTH ORGANIZATION



“Pregnancy and childbirth are a risky business...shared by all women, whether rich or poor.” - MAHMOUD FATHALLA, M.D., PROFESSOR OF OBSTETRICS & GYNECOLOGY, ASSUIT UNIVERSITY, EGYPT, AND ENGENERHEALTH BOARD MEMBER

We supported vasectomy services at 387 sites in seven countries and other men's reproductive health services at an additional 382 sites in six countries.



“Efforts to involve men in reproductive health must include education about gender relations and shared opportunities.”

– UNFPA, STATE OF THE WORLD POPULATION, 2000

Where are the men?

Men and “gender” have a major impact on women’s health



REACHING OUT TO MEN

In South Africa, EngenderHealth collaborated with the Planned Parenthood Association of South Africa (PPASA) on a project that reached out to men about gender issues, violence prevention, and reproductive health concerns, particularly family planning and HIV infection. These issues were addressed in a national survey of 2,141 men, conducted by the Reproductive Health Research Unit, followed by focus group discussions involving both men and women of various ages. Using these research findings, EngenderHealth and PPASA developed a training manual for educators to help men and women in local communities understand the impact of gender roles on reproductive health, the spread of HIV/AIDS, and sexual and domestic violence. The resulting program was recognized at the 13th World Conference on AIDS as one of the most outstanding recent innovations in the field of HIV/AIDS counseling and prevention.

“Gender” is more than biology, including, as well, the social roles of men and women. Gender dynamics can render women powerless. The world over, men often hold decision-making power over matters as basic as sexual relations and when and whether to have a child or seek health care. In the struggle for women’s reproductive health, a key strategy is to promote women’s partnership with men. But most family planning programs focus exclusively on women. EngenderHealth recognizes the crucial need to reach out to men with services that enable



them to share in the responsibility for sexual health and family planning. Since 1996, our cutting-edge Men As Partners® program has worked toward this goal, attempting to increase men’s support for the reproductive health choices of their partners. We support the development of services that screen and treat men with sexually transmitted infections (STIs), counsel men regarding prevention, and offer male contraceptive methods. This work brings a gender perspective to family planning and reproductive health care—it “engenders” our work!

What about AIDS?

Family planning clients are, by definition, at risk for HIV and other STIs



HEIGHTENING AWARENESS

Given the enormity of the AIDS crisis, we are integrating information on sexuality, STIs, and HIV/AIDS into our programs worldwide. Last year, we held training sessions in Latin America and the United States for our own staff, and we trained health workers in Bangladesh, India, Jordan, Pakistan, Russia, South Africa, and Uzbekistan in STI counseling, clinical services for STI diagnosis and treatment, and sexual health issues. We also developed “job aids” to help ensure that during counseling sessions, health workers remember to advise all clients of the crucial points about prevention, symptoms, and available services. Using these counseling aids, and based on the training we have provided, both our staff and our partners are better equipped to build STI and HIV prevention into family planning counseling and clinical practice.

Though sexually active, family planning clients often do not have the basic information they need to stay healthy. EngenderHealth is doing its part to arm the world’s network of family planning providers in the global struggle against AIDS. Faced with the grim reality that, in many countries, women’s rate of new HIV infection has surpassed that of men, a visit to a family planning clinic now offers a crucial moment of opportunity. Our training programs help counselors gain comfort in talking with clients about sex, including risks and available strategies for preventing infection. Over time, women gain knowledge that can empower them to urge their partners to use condoms, while men also learn the necessity for safe sex practices. And as other STIs are diagnosed and treated, the risk for contracting HIV infection is reduced. AIDS is a global tragedy. As an organization with global reach, we have a responsibility to seize every opportunity to integrate AIDS prevention into our work.





“AIDS will collapse societies. We’ll see mass emigrations, conflicts [that] would leave us exposed to a seething cauldron of pathogens with horrific global risks.” – JEFFREY SACHS, HARVARD UNIVERSITY



HIV/AIDS is now the leading cause of death in Africa and the fourth most common cause of death worldwide.

– UNAIDS





“Improvements in the quality of care are essential from a human rights and demographic perspective.”

– JUDITH BRUCE, DIRECTOR, GENDER, FAMILY AND DEVELOPMENT, POPULATION COUNCIL

What makes us different?

Quality and rights are what we hold dear



QUALITY AND RIGHTS IN ACTION IN NEPAL

In partnership with the Ministry of Health in Nepal, EngenderHealth launched the **Quality of Care Management Center**, an innovative institution that has dramatically improved access, safety, and quality for family planning and reproductive health care services for that country's burgeoning yet underserved population. Clinic by clinic, we worked closely with staff to identify problems and solutions, transforming facilities and management systems by repairing buildings, installing water systems, revamping equipment, and providing on-site training for staff. We then focused on training health care workers in client-oriented care, a revolutionary concept in a caste-conscious country where the status of physicians is so much greater than that of clients. By helping to improve the quality of family planning and by helping providers see clients' rights as essential to quality, EngenderHealth has effected enduring change and brought health and hope to all corners of Nepal.

Quality is a thread that weaves through all of EngenderHealth's work. Over a half century of experience has shown us that when we deliver high-quality family planning and reproductive health services, more individuals choose and use the services, increasing our impact on the health of women, families, and communities. *Quality* means trained providers, safe and clean services, and a focus on meeting clients' needs. It requires offering options and treating individuals with dignity and care—and supporting them in making the choices that are best for them. We cannot improve quality without respecting an individual's well-considered, voluntary decisions about health care based on options, information, and understanding. This is a basic human right—particularly in family planning and reproductive health care—that has been affirmed in countless laws, international conventions, and conference action plans. Since our inception, EngenderHealth has worked to make this right a reality. In health care, quality and rights are inextricably linked.





“We’re small. We do great work, hands on; we make something happen that’s measurable.” — AMY E. POLLACK, M.D., M.P.H., PRESIDENT, ENGENERHEALTH

Are We worth it?

Performance is what counts



Donors want to know if their dollars reach those who need them most and are used as wisely and efficiently as possible. EngenderHealth can demonstrate tangible results in our work during the last fiscal year. These are some examples:

- EngenderHealth supported 2,746 service-delivery sites in 29 countries, primarily in the public sector, including public hospitals and private institutions run by NGOs, churches, or other private entities.
- We saved the lives of mothers by providing postabortion care services at 1,152 sites in Africa, Eastern Europe, Latin America, and South Asia. We co-sponsored a workshop in Kenya in which health workers

from 20 countries developed action plans to integrate postabortion care into health services.

- **We conducted** training programs that benefited more than 36,000 health workers worldwide. Topics ranged from family planning services and counseling, postabortion care, and informed choice to quality improvement, men's reproductive health, and prevention and treatment of HIV/AIDS and other STIs.

- **We released** the introductory section of a men's reproductive health curriculum—the first curriculum designed to train health care workers in the skills and sensitivities needed to work with male clients and provide men's reproductive health services.

- **We continued** to participate in the Alliance for Cervical Cancer Prevention, a global consortium committed to early identification and treatment of cervical cancer. In South Africa, we investigated the efficacy of the “screen and treat” method by screening 6,000 women for precancerous lesions in one township. The results of these studies will inform the process for diagnosis and treatment in low-resource settings.

- **We pioneered** a new distance learning initiative by developing an infection prevention course on CD-ROM for health workers in low-resource settings worldwide. This CD-ROM—a first in the reproductive health field—won an award in an international competition featuring 3,400 entries from 28 countries.

- **We conducted** 34 research studies aimed at increasing our knowledge about clients, providers, and health systems. Some of these studies focused on integrating reproductive health services, infection prevention, men, and expanding postabortion care.

- **We influenced** policy in reproductive health services in 17 countries. Collaborative work with the Ministry of Health in Bolivia resulted in the removal of the criterion of “reproductive risk” for women seeking sterilizations. In Nepal, we assisted our partners in developing a policy for family planning and reproductive health complications. In South Africa, we supported policy change efforts to allow certain types of female sterilization to be performed under local anesthesia.

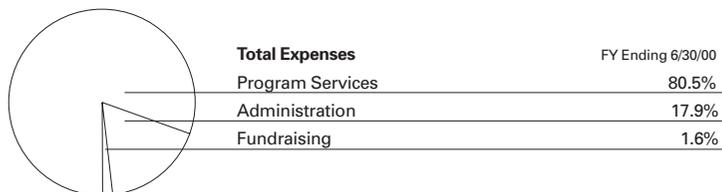
- **We published** 16 professional papers in peer-review journals in the U.S. and abroad and delivered 84 papers at domestic and international professional meetings.

- **We produced** 15 state-of-the-art publications intended to aid family planning and reproductive agencies and staff in implementing training and services. Among these are a working edition of *COPE: Self-Assessment Guides for Reproductive Health Services* and *Informed Choice in International Family Planning Service Delivery: Strategies for the 21st Century*. We produced 37 country-specific products including the “COPE Tools on Essential Services” package for Bangladesh, technical procedures guidelines for tubal ligation in Bolivia, and a postpartum family planning curriculum for Turkey. We also produced 38 job aids containing clinic checklists, flipcharts, and posters, as well as an emergency management package for operating theater staff. We translated 37 of these products for broader use worldwide.

In 2000, we were recognized by the U.S. Centers for Disease Control and Prevention for Outstanding Performance and “exemplary work and commitment to improving reproductive health in this country and around the world.”

Where do your dollars go?

EngenderHealth spends more than 80% of its budget on programs that make a difference¹



Effective in fiscal year 1999/2000, AVSC International changed its fiscal year to end on June 30. Accordingly, the financial statements presented below include the 15-month period April 1, 1999, through June 30, 2000. EngenderHealth's total income for this period was \$49 million.

Complete financial statements audited by Arthur Andersen LLP are available upon request from EngenderHealth.

STATEMENT OF ACTIVITIES (For the period April 1, 1999 – June 30, 2000)

	Fiscal Year Ending 6/30/00
U.S. Agency for International Development (USAID) grants	\$ 33,000,819
Public individual and foundation contributions ²	12,551,080
Non-U.S. government grants, contracts, and miscellaneous income	2,211,743
Interest and dividend income	1,303,075
Unrealized investment appreciation	(47,198)
Total income	\$ 49,019,519
Program services	
Capacity-building and technical assistance	\$ 26,172,070
Global and emerging programs	9,661,254
Program support	1,232,130
Total program services	\$ 37,065,454
Support services	
Administration	\$ 8,224,920
Fundraising	745,755
Total support services	\$ 8,970,675
Total expenses	\$ 46,036,129
Plus: Cooperative agreement deobligation ³	1,312,682
Increase in net asset	\$ 4,296,072
NET ASSETS, beginning of year	\$ 8,938,305
NET ASSETS, end of year	\$ 13,234,377

¹ This figure (80.5%) far exceeds the American Institute for Philanthropy's suggested target of 60% expenditure on programs.

² Contributions from foundations are often for multiyear funding and are reported as income in the year pledged, as required by accepted accounting principles.

³ Under the prior primary cooperative agreement from USAID, remaining funds that had been reimbursed to the agency were reconciled, and the \$1.3 million fund balance was deobligated.



Report of Independent Public Accountants

To the Board of Directors of AVSC International, Inc.:

We have audited the accompanying statement of financial position of AVSC International, Inc. (a New Jersey nonprofit corporation) ("AVSC") as of June 30, 2000, and the related statements of activities, functional expenses and cash flows for the fifteen-month period then ended. These financial statements and supplemental schedules referred to below are the responsibility of AVSC's management. Our responsibility is to express an opinion on these financial statements and supplemental schedules based on our audit.

We conducted our audit in accordance with auditing standards generally accepted in the United States and the standards applicable to financial audits contained in Government Auditing Standards issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of AVSC International, Inc. as of June 30, 2000, and the results of its activities and its cash flows

for the fifteen-month period then ended in conformity with accounting principles generally accepted in the United States.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The Indirect Cost Recovery Schedule is presented for purposes of additional analysis and is not a required part of the basic financial statements. This information has been subjected to the auditing procedures applied in our audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

The accompanying Schedule of Expenditures of Federal Awards is presented for purposes of additional analysis as required by U.S. Office of Management and Budget Circular A-133, Audits of States, Local Governments, and Non-Profit Organizations, and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

A handwritten signature in cursive script that reads "Arthur Andersen LLP".

New York, New York

October 31, 2000 (except with respect to matters concerning compliance with OMB Circular A-133, "Audits of States, Local Governments, and Non-Profit Organizations," as to which the date is December 1, 2000)

"This past year I visited Nepal and saw how much of the world you can change for just a few dollars."

- TOM PERKINS, ENGENDERHEALTH BOARD MEMBER

Who are our partners?

EngenderHealth's work is supported by an international community of individuals dedicated to making a difference



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Multilateral and Bilateral Organizations

Department of Health-Philippines
United Kingdom Department for International Development
United Nations International Children's Emergency Fund
United Nations Population Fund
United States Agency for International Development
World Health Organization

Foundations

Harry and Julia Abrahamson Fund
Bear Gulch Foundation
Erik E. & Edith H. Bergstrom Foundation, Inc.
The Fred H. Bixby Foundation
Lyman B. Brainerd Family Foundation
The Buffett Foundation
The Bushrod H. Campbell & Adah F. Hall Charity Fund
Compton Foundation, Inc.
Dickler Foundation, Inc.

Bill and Melinda Gates Foundation
Charles M. Goethe Trust
Philip S. Harper Foundation
The William & Flora Hewlett Foundation
The Huber Foundation
The Charles Evans Hughes Memorial Foundation
Harris & Eliza Kempner Fund
F. M. Kirby Foundation, Inc.
Lang Foundation
James A. Macdonald Foundation
Louise A. Maddux Environmental Foundation
The Martin Foundation, Inc.
The Andrew W. Mellon Foundation
Moriah Fund
Nautilus Foundation, Inc.
The Nippon Foundation
The Vivian and Paul Olum Charitable Foundation
Open Society Institute
The David and Lucile Packard Foundation
Panaphil Foundation
The Price Foundation

The Prospect Hill Foundation
The Scherman Foundation, Inc.
Adolph & Ruth Schnurmacher Foundation, Inc.
Sidney Stern Memorial Trust
The Sunshine Foundation
Sidney A. Swensrud Foundation
Jack Taylor Family Foundation
Thanksgiving Foundation
Flora L. Thornton Foundation
Turner Foundation, Inc.
The George Garretson Wade Charitable Trust
The Walbridge Fund, Ltd.
Miriam G. & Ira D. Wallach Foundation
Weyerhaeuser Family Foundation
The Wiancko Family Fund
The Wien Family Foundation, Inc.

Individuals

\$10,000 and up

Mr. Lyman B. Brainerd, Jr.
Miss Jean M. Cluett
Mr. Thomas P. Cook
W. A. Hoffman, Ph.D.
Mrs. Anne H. Howat



Professor Cynthia McClintock
Mr. & Mrs. Thomas M. Perkins
George E. Reed, M.D.
Mrs. Gertude Schmeidler
Mrs. Elizabeth W. Sedgwick
Mrs. Frances H. Snedeker
Ms. Barbara H. Stanton
Anonymous (2)
\$5,000-\$9,999
Mr. Brian Arbogast & Ms. Valerie Tarico
Mr. Tony Cole
Mr. & Mrs. Stanton A. Cook
Mr. & Mrs. Stephen D. Daley
Mr. & Mrs. Donald DeFord

Mr. and Mrs. William Fisher
Mrs. Alexander B. Hawes
Mr. Willis A. Jensen
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Mr. & Mrs. Leigh M. Miller
Ms. Penny Pritzker
Mr. & Mrs. Emil J. Slowinski
Ms. Suzanne E. Worden
Anonymous (2)

\$2,500-\$4,999

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Mrs. Meta Osborn
Mrs. Lee M. Petty
Mrs. Marjorie Phillips
Mr. Barney T. Rocca, Jr.
Mr. & Mrs. Mark Sapsford
Mr. & Mrs. Clifford L. Selby
Mrs. Walter & Susan Slowinski
Mr. Gordon L. Smith
Mr. Frank Stiebel
Ms. Nancy J. Waterman & Mr. Bill Leighty
Mr. & Mrs. Theodore W. Winsberg
Mr. William W. Wood
Anonymous (3)

\$1,000-\$2,499

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Mr. & Mrs. John F. Berry
Mrs. Elspeth G. Bobbs
Ms. Kathleen Higgins Braun
Dr. & Mrs. Robert B. P. Burns
Mr. William D. Busick
Mr. & Mrs. Sherman B. Carll
Mr. John M. Cart

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Mr. Andrew B. Cogan & Ms. Lori Finkle
Mrs. Cynthia Green Colin
Mr. & Mrs. Harold A. Collins
Ms. Sally Manny Cross
Dr. & Mrs. John C. Cutler
Ms. Karen Sanbold Dana
Mr. John P. de Neufville
Mr. J. Mark Desmet
Mr. & Mrs. George B. Fell
Ms. Lee K. Gidding
Mr. Forrest R. Gilmore
Ms. C. Lea Hall
Mr. & Mrs. James A. Hart
Dr. & Mrs. Cosmo L. Haun
Mr. David P. Hearst
Mr. & Mrs. DeWitt Hornor
Mr. & Mrs. Albert Huen
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Ms. Coby Juda
Mr. & Mrs. Dennis G. Keith
Mr. & Mrs. Edwin L. Kemp
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Dr. & Mrs. Wendell M. McMillan
Mr. Bruce Merrill
Mr. Mike Milczarek
Mr. David R. Miller
Mr. & Mrs. Lester Morse
Ms. Elise W. Murray
Dr. & Mrs. Rex V. Naylor
Mr. & Mrs. Richard C. Ninde
Mr. & Mrs. David S. Noss
Mr. John H. O'Reilly
Mr. Gilman Ordway
Mr. Andrew Pavelchek & Ms. Sally R. Wixted
Professor Noel Perrin
Mr. & Mrs. Robert D. Petty
Ms. Mary C. Phinney

Mr. Fredrick B. Pike
Mr. & Mrs. James B. Platt, Jr.
Carole M. Presnick, M.D.
Mr. Lyle Ramshaw
Mr. & Mrs. Niels Rasmussen
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Mrs. Fannette H. Sawyer
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