Safe Abortion Action Fund (SAAF)

4th annual report

2012

The Safe Abortion Action Fund is supported by the governments of Norway, Denmark and the United Kingdom and is administered by the International Planned Parenthood Federation.
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Executive summary

The SAAF was established in 2006 as a partnership initiative to consolidate an urgent response to improve women’s access to safe abortion. It provides small flexible grants to non-governmental organizations (NGOs) to implement projects on policy, advocacy, innovations in service delivery and research. The SAAF addresses a critical gap for many small, local organizations that find it difficult to secure support for abortion-related activities. Equally, SAAF has proved itself to be an important vehicle in helping to de-stigmatize abortion work, motivating local and regional champions, and encouraging networking. The SAAF’s acts as a complementary fund to support abortion activities, and as such has a niche within reproductive health and global health architecture.

Hosted by the International Planned Parenthood Federation (IPPF), the SAAF operates under the guidance of an independent governing board made up of donors, activists and representatives of international NGOs. The Board is supported by a SAAF team at IPPF Central Office and a Technical Review Panel (TRP), in charge of reviewing the proposals submitted and providing funding recommendations to the Board.

Since its inception, the Safe Abortion Action Fund (SAAF) has provided support to over 80 projects that address research, advocacy, policy and services on abortion. Financial support has been provided by several development partners and to date new donors have joined the fund. Two external independent evaluations have been carried out and both affirmed the continuing case for SAAF suggesting that it made a significant contribution to promoting action on abortion that is more than symbolic.

I. Outputs and outcomes

According to grantees’ reports, the SAAF supported projects provided comprehensive abortion and post-abortion care services to 49,962 women and girls, of which 18,385 accepted a method of contraception, in their first year of implementation. A total of 1,139 providers were trained in new abortion technologies (Medical Vacuum Aspiration-MVA or medical abortion).

II. Lessons learnt and best practice

This round of funding has seen a better collaboration between projects since inception. This is particularly the case in Bangladesh, Burkina Faso, Kenya and Nepal.

Even though unique in their design, many projects share common experiences and face common barriers in their implementation. This is particularly true with service delivery projects.

Support to providers
In restricted settings or where abortion stigma is high, some projects face difficulties in finding providers willing to provide abortion services. Ensuring that the providers are supported and have the opportunity to share their experience is very important. Different strategies are being implemented, e.g. incentives, security scheme or provider networks.

Quality IEC material
Developing high-quality IEC materials which are adapted to the local context can be difficult, and several grantees requested technical support. Exchange between projects which work in similar
socio-economic and religious environments or with similar target groups (e.g. young people) can often be the best way of improving the quality of the materials developed.

**Data collection**
Data collection is difficult in restrictive settings (often because of fear and stigma associated with abortion) and grantees need to implement specific strategies to increase data recording. This is a key component of implementation, not only for reporting, but also and more importantly for allowing grantees to use this information for decision making and program management purposes.
I. Introduction

This annual report covers the period August 2011 to October 2012 and highlights the achievements of projects supported by the second round of funding from the Safe Abortion Action Fund (SAAF). It also presents the new strategy of the Fund as developed by the Board.

The Safe Abortion Action Fund (SAAF) was created in 2006, when the GAG rule was depriving many organizations of funding worldwide, particularly those committed to addressing unsafe abortion. The Governments of the United Kingdom asked IPPF to document evidence of unsafe abortion worldwide\(^1\), and put in place a fund specifically to support groups working on abortion. As a global grant making mechanism dedicated and specific to abortion, SAAF has been an efficient means of providing grant support to NGOs and allows it to play a complementary role within the health architecture.

The premise of SAAF is that funding NGOs is an effective way to increase access to safe abortion services since civil society is willing and able to take risks and focus on stigmatized issues. However, in the current funding context, financial support for working on abortion is scarce particularly for smaller local organizations which find it difficult to access international funding.

II. The 2nd round of SAAF supported projects

Following the success of Round 1 and thanks to the support of DFID, Norad, Danida and the Hewlett Foundation, SAAF launched a second round of funding in early 2011. Building on the momentum and lessons learnt from the first round (2007-2010), this second round works so that abortion stays in the spotlight and, that local organizations worldwide strengthen their efforts to reduce maternal mortality and ensure that women’s sexual and reproductive rights are respected.

In organizing the new round of funding, the SAAF team took into account lessons learnt from the first phase of implementation. It looked at the suggestions and concerns raised by the grantees, the members of the TRP and the Board; the recommendations of external evaluations and general observations from the routine coordination of the Fund.

1. A new portfolio of 35 projects

After the call for proposals was advertised at the end of 2010, the SAAF team received 166 proposals, which were screened for compliance with SAAF requirements as per the 2011 guidelines. Only 16 proposals were rejected through the original compliance screening, leaving 150 proposals to be reviewed and assessed by the Technical Review Panel (TRP).

The Board’s final decision on the successful applicants was based on the recommendations of the TRP for each region as well as set criteria to help in the decision process. Various indicators (maternal mortality, organization budgets for 2009 and 2010, and legal context and DAC classification) were used to help the Board members prioritize proposals based on country specific needs. Following a recommendation from the TRP, the board also decided that the maximum amount of funds available per project would be US$160,000, to allow more proposals to be funded.

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The list of the projects supported by SAAF can be found in Annex 2. Their repartition by areas of work is as follows:

<table>
<thead>
<tr>
<th>Area of work</th>
<th>Number of projects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy projects</td>
<td>6</td>
</tr>
<tr>
<td>Research projects</td>
<td>3</td>
</tr>
<tr>
<td>Service delivery projects</td>
<td>26</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>35</strong></td>
</tr>
</tbody>
</table>

2. Increased communication and collaboration

When this new round was initiated, there were expectations around better communication and collaboration between grantees as well as stronger management systems.

The SAAF secretariat emphasized that communication, if not collaboration, between grantees was important and encouraged grantees to do so. This is particularly important in countries where several SAAF projects are being implemented simultaneously. In Bangladesh, the three grantees are collaborating on an operation research which is assessing the quality of Menstrual Regulation (MR) services throughout the country. In Nepal, two grantees have streamlined their actions by discussing and agreeing on their district of intervention. In Kenya, grantees are exchanging data collection tools.

To encourage collaboration further between countries, the SAAF has set-up a password protected virtual community of practice which serves as a platform for the grantees to discuss issues, post information and share their tools.

It will take a few months to assess how useful the community is for the grantees, but we believe it is another step towards better sharing and learning practices.
3. **Initial achievements**

Despite having proposals selected by the TRP on their technical merit, those from some smaller organizations required further work and support before being considered of sufficient quality to be funded. The finalization of the proposals and budgets has been a relatively difficult task resulting in some organizations delaying the start of their project activities. However the Secretariat felt that it was important to support these organizations and ensure they start implementation with strong objectives and indicators and accurate budgets.

At the end of January 2012, grantees submitted their first six-monthly reports, using the narrative and financial report templates developed by the SAAF team. Seventy-one per cent of the grantees (25/35) reported on time while the reports of the other 10 grantees were delayed by more than a week. At the end of July 2012, grantees submitted their annual report, with eighty per cent of grantees reporting on time (28/35), and the others submitting their reports more than a week after the deadline.

Considering that some projects started with delay, implementation was still at a very early stage, therefore not allowing for significant results to be reported. Some countries such as North Sudan also experienced difficulties with the transfer of funds, due to strict bank regulations and controls.

**a) Are advocacy activities challenging the laws?**

Legal reform is generally a long and strenuous process requiring collective actions. While it would be unrealistic to expect significant changes after one year of implementation, it is clear that changes did take place as a result of SAAF projects.

One of the best examples is Rwanda, where the coalition set up by the grantee has ensured that abortion was at the heart of the political debate and allowed to push for legal reform.

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**Advocacy work in Rwanda**

“From 26th-29th September, the International Planned Parenthood Federation (IPPF Africa Region) and the Government of Rwanda hosted a consultative meeting with African Parliamentarians on ICPD, MDGs and the new development agenda.

With this opportunity and the right audience, the Safe Abortion Action Fund (SAAF) project of ARBEF partnered with Health Development Initiative (HDI) and, with the help of the Center for Reproductive Rights (CRR), designed advocacy messages to distribute during the meeting, marking the Global Day of Action for Access to Safe and Legal Abortion. The factsheets carry summarized information/statistics on abortion incidence and a proposal to revise the law that expands the conditions under which abortions can be performed (including rape, incest and forced marriage).

In addition to the factsheets, the SAAF project coordinator in Rwanda, Chantal Umuhoza, gave a 15 minute presentation on evidence-based issues around unsafe abortions in Rwanda while sharing testimonies of young people in prisons and highlighted key recommendations to policymakers. This activity planned to lobby for women’s reproductive health and rights to be on the next development agenda and, most importantly, to lobby with Rwandan members of parliament showing the impact of the legal framework on the provision of services - in this case, safe abortion services.

ARBEF youth volunteers were involved in this event and will be part of the lobbying team.”

(As reported by the International Campaign for Women's Right to Safe Abortion)

In Mozambique, SAAF support has allowed the formation of the Coalition for the Defence of Sexual and Reproductive Rights, which comprises national and international civil society organizations.
“Comprised of groups participating in a range of issues related to sexual health and rights, the Coalition, under the leadership of a Secretariat comprised of Pathfinder, Women and Law in Southern Africa, and Forum Mulher, established an ambitious agenda with revision of the Mozambican abortion laws at the forefront.”

In the Philippines, the grantee, which requested to remain anonymous, is actively involved in supporting efforts for pushing the new reproductive health Bill. By organizing policy fora and policy makers’ roundtables, the grantee is lobbying for a broad SRH agenda including issues such as sexuality and sexual rights, unwanted pregnancies (including among adolescent girls) and unsafe abortion. The current context is extremely tensed and openly advocating for regal reform for safe abortion could jeopardize the advancement of the broad SRH agenda included in the RH Bill.

In the Democratic Republic of Congo, the SAAF project has been working in the Eastern province of Kivu to develop a network of local organizations campaigning to sensitize local authorities on the incidence of unsafe abortion.

The multi-country project led by the Women Global Network for Reproductive Rights (WGNRR) is focusing on advocacy capacity building for local organizations in Nigeria, Nepal, Tanzania, Malaysia and Pakistan. The advocacy activities are based on a human rights framework approach to safe abortion which could easily be applied to other sexual and reproductive health and rights issues.

b) Better research to inform advocacy

SAAF is currently supporting three projects solely focusing on research, while other projects might include a research component in their activities.

In South Africa, Ibis Reproductive Health is conducting a research on 2\textsuperscript{nd} trimester abortion using the combination of mifepristone and misoprostol. Currently medical abortions up to 20 weeks are offered in the public sector with misoprostol alone. Mifepristone is registered for first trimester use only and cannot be used in public facilities for later term abortions. The purpose of this research is to perform a randomized controlled trial comparing the efficacy, safety, and acceptability of the combined mifepristone/misoprostol regimen to misoprostol alone. The grantee also succeeded in leveraging funding to add a component into the study looking at cost implications of both regimens. The results of this work can then be used to advocate for the registration of a low-cost mifepristone product and increase access to high-quality second trimester abortions.

The investigations have been delayed due to the difficulties in obtaining the necessary approvals for the study protocol, consents and ethics from various bodies, including the Medicines Control Council (MCC) and the University of Cape Town. However agreements are in the process of being granted and the study should resume.

In Brazil, Anis – Institute of Bioethics, Human Rights and Gender is working on the difficult issue of “conscientious objection” of providers on religious ground, which is the main strategy to obstruct women’s access to legal abortion. Using research evidence, Anis’ ultimate goal is to formulate an ethical and normative document with recommendations regarding physician’s “conscientious objection” to the Ministry of Health in order to change the current public policy to prevent “conscientious objection” to act as a barrier to the provision of services.
Working in partnership with the Brazilian National Federation of Obstetricians and Gynaecologists (FEBRASGO) Anis has already developed its investigation tools and collected data.

In Bangladesh, the NGO Research, Training and Management (RTM) International is implementing an operation research to improve the quality and delivery of Menstrual Regulation (MR) services in selected rural and urban areas, including public, private and NGO facilities. The results will then be used to update the standardised national MR services guidelines and manuals, to provide innovative, effective and replicable MR service delivery models for high quality of care. The baseline survey included the assessment of forty-two (42) facilities (public, private as well as NGO) providing MR services in all seven administrative divisions of the country, the interview of 75 providers and 189 clients exit interviews. The findings were shared in a dissemination workshop and highlighted the following main point of intervention: providers do not benefit from regular refresher training of MR; the quality of counselling is inconsistent; referral for contraception services is weak; and, record keeping/data collection and supply of commodities need to be strengthened. An intervention has been designed and is currently being implemented in selected facilities. Its impact will be measure over the next reporting period.

c) Service delivery outcomes

Based on grantees’ reports, the SAAF projects supported the provision of abortions related services (comprehensive abortion and post-abortion care services) to 49,962 women and girls, of which 18,385 accepted a method of contraception, during the first year of implementation. Throughout the projects 1,139 providers were trained in new abortion technologies (Medical Vacuum Aspiration-MVA or medical abortion).

While medical abortion offer increasing opportunities worldwide, being administered either in a clinical setting or at home, quality of care control can sometimes be an issue. How for example to strengthen referrals, particularly through pharmacists as, in many countries, pharmacists are the main contacts for women to access medical abortion drugs. Training them on the correct use of medical abortion drugs is very important to implement harm-reduction strategies.

Post-abortion contraception uptake varies greatly between projects, but is an essential aspect of comprehensive abortion care which needs to be addressed by all. This question is even more acute with projects providing information and support for medical abortion which are performed outside a health facility.

4. Lessons learnt

It is encouraging to note that this round of funding has seen a better collaboration between projects since their start. This is the case in Bangladesh, Burkina Faso, Kenya and Nepal.

Even though unique in their design, projects share common experiences and face common barriers in their implementation. This is particularly true with service delivery projects.

Support to providers
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Developing high-quality IEC materials which are adapted to the local context can be difficult, and several grantees requested technical support. Exchange between projects which work in similar socio-economic and religious environments or with similar target groups (e.g. young people) can often be the best way of improving the quality of the materials developed.

**Data collection**

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5. **How to address grantees issues?**

The SAAF team addresses individual requests (e.g. need for documentation or networking with other grantees) and encourages exchanges between SAAF grantees and other organizations to ensure sharing of best practices in their abortion work.

The virtual community (see screen capture below) will also be increasingly used to initiate conversations between grantees and encourage exchange of experiences. Moreover, technical assistance visits are made and will be further strengthened to grantees needing further support.

Finally, many grantees are asking for a new set of grantee meetings (as previously organized in 2010), which are a good platform to share experiences and address specific challenges/concerns.

**III. SAAF donors’ relationship and marketing of the Fund**

1. **SAAF donors’ meeting**

Following the IPPF donors’ meeting in London in January 2012, 18 donor representatives met with the SAAF team to discuss SAAF’s objectives, its modus operandi, portfolio, achievements to date and ideas for future development. The interaction between the SAAF team, members of the Board and current and potential donors was fruitful and several donors expressed interest in supporting the Fund.

Since this meeting, SAAF has secured the support of US$1.5 million from an anonymous donor from March 2013 to February 2015, to organize a third round of funding from 2013, in complement to support form the Danish government. Furthermore, discussions are on-going with several other donors either to renew their current commitment or start supporting SAAF.
2. Donors’ relationship

As a funding mechanism, SAAF is different from any other restricted programmes, both for the administrator IPPF and for most donors. Indeed, while restricted grants often come with a strict work plan and list of activities, SAAF is unique in the sense that it supports a large range of individual projects which have their own timeframe, own needs and activities.

Historically, SAAF has produced an annual report which served for all donors, independently from their reporting timeline and templates. This was mainly done to ensure that the donors and grantees annual report timeframe were synchronized. It is indeed impractical to have to report to a particular donor report before information is received from the grantees. Further consultancy and discussion with the current and future donors will be important to agree on a meaningful reporting timeframe and on the format and type of information to be provided in order to best suit donors’ needs.

3. “Marketing” of the fund

SAAF supported a couple of projects which had their abstract accepted at the 5th Africa conference on Sexual and Reproductive Health and Rights (SRHR) in Windhoek, Namibia, on 19-22 September. Grantees presented their work on the Hotline (Kenya), and advocacy efforts in Nigeria and Tanzania. The grantees from Mozambique also presented (without SAAF support) its work with the national advocacy network for safe abortion. SAAF grantees organized an informal meeting at the time of the conference to share information on their activities.

A presentation on the Fund was made in a plenary session at the recent FIAPAC Congress in Edinburgh (19-20 October).

IV. SAAF new strategy 2013-2015

Both external evaluations conducted in 2009 and 2011 affirmed the continuing case for SAAF, and made recommendations for improving effectiveness. However, since its inception, there had never been a systematic review of SAAF with a view to helping guide discussion and agreement for its future role, direction, operations and funding needs.

At the end of 2011, the Secretariat commissioned a background paper for the SAAF Board, to help set out and propose how SAAF might aim to develop and evolve over the next few years. The paper looked at the role of SAAF to date, and seeks to make clear the potential niche and comparative advantage of SAAF as a modest part of the global reproductive health architecture. In her paper, the independent consultant provides guidance on future directions and attempts to identify funding needs:

SAAF’S niche:
• Supporting local responses to the abortion issue,
• Building competence, confidence and capacity of small local NGOs

The Ideal SAAF
• SAAF must be perceived as a stable, long-term source of funding
• Its communications must follow a coherent global strategy to find the organizations willing to work on abortion.
• Described at US$10 million annually (range of responses from interviews $5-15m).
• The Secretariat requires at least three staff members to manage the programme.
• The Fund should have a leader representing SAAF which is particularly important for fundraising.
• The strategy for going forward needs to be built on a solid theory of change and needs to address issues such as fundraising, communication, M&E, governance, institutional arrangements and accountability.

In May 2012, the SAAF Board met for a two-day retreat to initiate the development of a SAAF Theory of Change for the next three years with the support of an external facilitator. SAAF is a unique mechanism in the SRHR sector, and better clarification on what its niche and models of change are should help the SAAF team to better approach donors when seeking funding and better advertise the fund to its target potential grantees. In addition, the Board wanted to begin to develop a strategic work plan for the future to include funding criteria, publicity, SAAF fundraising strategy and discussion on how the SAAF can best work together.

The development of the new SAAF strategy is on-going and the Board has set-up sub-committees to work on specific components. The aim is to be able to share the new strategy in early 2013.

V. Future activities

1. Third round of funding

Thanks through renewed and new funding commitments, SAAF is in a position to open a new round of funding in early 2013, supporting project for up to 3 years.

This round will be in line with the new SAAF strategy and details will be shared in the revised guidelines. The highlights of the new round can be summarized as follows:
• Support more projects.
• Provide better support to smaller grantees via regular M&E and technical assistance visits.
• Provide better support to potential grantees via proposal development workshops.
• Increase SAAF visibility and its capacity to be more pro-active in the SRHR movement to better support access to safe abortion worldwide.

2. SAAF grantees meeting

Following the success of the regional grantees’ meetings organized in 2010, the SAAF Secretariat is organising a two-day meeting with current grantees in Bangkok, Thailand, following the 2nd International Congress on Women’s Health and Unsafe Abortion (http://www.womenhealth.or.th/iwac/) at the end on January 2013.
SAAF grantees will attend the conference, gaining technical knowledge and allowing them to network with other organizations. The SAAF Secretariat has secured a panel at the Congress to showcase the Fund and highlights achievements of some of the projects.

Following the conference, the grantees meeting will be an opportunity to share experiences on abortion work and discuss hot topics in abortion and SRHR.

3. Other networking opportunities

The SAAF Secretariat will continue to advertise the fund and its achievements through participation at different conferences and technical meetings. As an example SAAF is awaiting confirmation for its participation on a panel at the Women Deliver conference in Kuala Lumpur on 21-23 May 2013. Board members are also encouraged to discuss SAAF with partners and colleagues.

VI. Conclusion

Since inception, SAAF had been steadily developing into a structured entity and funding mechanism. While the second round of funding is being implemented, the SAAF Secretariat and Board are actively working on the future of the Fund, finalizing a new strategy to better suit the needs of the implementing organizations willing to work on abortion and the requirements of the donors willing to support such work.
ANNEXES

1. The SAAF Board at July 2012

Over the last reporting period, several Board members stepped down and have been replaced. The current composition of the Board is as follows:

- Manuelle Hurwitz, Acting Senior Adviser Abortion, IPPF (Chair)
- Yasmin Ahmed, Senior Regional Director - Asia, Middle East, Eastern Europe, Marie Stopes International.
- Giselle Carino, Deputy Director of Programs - Universal Access to Sexual and Reproductive Health, IPPF Western Hemisphere Office.
- Suchitra Dalvie, Coordinator Asia Safe Abortion Partnership (ASAP)
- Dr. Türkiz Gökglob, Director of International Programs, The Susan Thompson Buffett Foundation
- Leila Hessini, Director, Community mobilization and Youth leadership, IPAS
- Sandra MacDonagh, Health Adviser, Sexual and Reproductive Health, AIDS and Reproductive Health Team, DFID
- Friday Okonofua, Program Officer, Ford Foundation-West African office
- Nina Strøm, Senior Adviser, Global Health and AIDS Department, NORAD
- Monica Uguttu, Executive Director KMET, Kenya

2. List of the SAAF 2\textsuperscript{nd} round grantees

<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>Project title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Africa</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Institut Supérieur des Sciences de la Population (ISSP)</td>
<td>Avortements et santé des femmes au Burkina Faso, II</td>
</tr>
<tr>
<td>Burkina Faso</td>
<td>Société des Gynécologues et Obstétriciens du Burkina (SOGOB)</td>
<td>Renforcement des soins d’avortement au Burkina Faso</td>
</tr>
<tr>
<td>Burundi</td>
<td>Association Burundaise pour le Bien-Etre Familial (ABUBEF)</td>
<td>Renforcement de l’accès à des soins d’avortement de qualité et prévention des grossesses non désirées chez les femmes et filles vulnérables.</td>
</tr>
<tr>
<td>Cote d’Ivoire</td>
<td>Association Ivorienne pour le Bien Etre Familial (AIEF)</td>
<td>Soins complets d’avortement dans les activités de santé sexuelle et de la reproduction dans les zones d’intervention de l’AIEF</td>
</tr>
<tr>
<td>Democratic Republic of Congo</td>
<td>ANONYMOUS</td>
<td>Accès de femmes affectées par les conflits aux services d’avortement médicalisé (AFESAM)</td>
</tr>
<tr>
<td>Ghana</td>
<td>Pathfinder International Ghana</td>
<td>Reducing Maternal Mortality Through Expansion of CAC Service in the Northern Regions of Ghana</td>
</tr>
<tr>
<td>Ghana</td>
<td>Integrated Social Development Centre (ISODEC),</td>
<td>Global Doctors for Choice (GDC)/Ghana</td>
</tr>
<tr>
<td>Kenya</td>
<td>Planned Parenthood Federation of America International (PPFAI) Kenya</td>
<td>Expanding access to safe abortion and post-abortion care in Kenya</td>
</tr>
<tr>
<td>Kenya</td>
<td>Kisumu Medical and Education Trust (KMET)</td>
<td>Male Involvement in Safe abortion and post-abortion care in Kenya</td>
</tr>
<tr>
<td>Kenya</td>
<td>ANONYMOUS</td>
<td>Our Bodies, Our Choices: Kenyan Women Organizing for Choice: Making Medical Abortion Safer and More Accessible</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Associação Moçambicana para Desenvolvimento da Família (AMODEFA)</td>
<td>Prevention of Unsafe Abortion for Adolescents &amp; Youth</td>
</tr>
<tr>
<td>Mozambique</td>
<td>Pathfinder International Mozambique</td>
<td>Expanding Safe Abortion Services through provision of an integrated package of care, treatment and prevention services in Gaza and Inhambane Provinces</td>
</tr>
<tr>
<td>Country</td>
<td>Organization</td>
<td>Project title</td>
</tr>
<tr>
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<td>----------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Nigeria</td>
<td>Planned Parenthood Federation of America International (PPFAI) Nigeria</td>
<td>Expanding access to safe abortion and post-abortion care, especially medication abortion through community based providers</td>
</tr>
<tr>
<td>Rwanda</td>
<td>Association Rwandaise pour le Bien-Etre Familial (ARBEF) / Hope for living</td>
<td>Promoting safe abortion through awareness-raising of people working in civil society organizations concerned with women’s health and welfare in Rwanda.</td>
</tr>
<tr>
<td>South Africa</td>
<td>Pathfinder International South Africa</td>
<td>Scaling up youth-friendly comprehensive abortion care services in Eastern Cape, South Africa.</td>
</tr>
<tr>
<td>South Africa</td>
<td>Ibis Reproductive Health</td>
<td>Improving access to safe second-trimester abortion in South Africa: research on the mifepristone-misoprostol regimen</td>
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<tr>
<td>Sudan -Darfur</td>
<td>Planned Parenthood Federation of America International (PPFAI) Sudan</td>
<td>Access through Provider Network</td>
</tr>
<tr>
<td>Tanzania</td>
<td>ANONYMOUS</td>
<td>Reducing maternal mortality caused by unsafe abortion in Zanzibar, Tanzania</td>
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<tr>
<td>Uganda</td>
<td>Kyetume Community Based Health programme</td>
<td>Emergency Post Abortion Care Project, Kyetume – Mukono District – Uganda</td>
</tr>
</tbody>
</table>

**Asia**

- **Bangladesh**
  - Bangladesh Women Health Coalition (BWHC): Women’s Reproductive Rights- Access To Quality Safe Abortion Care
  - Research, Training and Management (RTM) International: Operations Research to Improve Quality of MR Services in Bangladesh
  - Bangladesh Association for Prevention of Septic Abortion (BAPSA): Access to safe Menstrual Regulation Services and Reduction of Unsafe Abortion

- **Cambodia**
  - Marie Stopes International: Expanding access to safe abortion options and post abortion family planning for poor and marginalized women in Cambodia.

- **Nepal**
  - Center for Research on Environment Health and Population Activities (CREHPA): Enable Project: Advocacy and empowerment to enable marginalized and vulnerable women to access safe abortion and post-abortion family planning services in Nepal
  - Sunauva Parivar Nepal: Increase awareness and access to informed choices of safe abortion and post abortion family planning services in Nepal

- **Pakistan**
  - Aware girl / ASAP/ WoW: Improving Young Women’s access to Safe Abortion

- **Thailand**
  - The Women’s Health and Reproductive Rights Foundation of Thailand: Community clinic for safe abortion service

- **The Philippines**
  - ANONYMOUS: Grounding Abortion Law and Policy Reform Advocacy in Restricted Settings

- **Vietnam**
  - Center for Community Reproductive Health in Vietnam: Increasing access to Safe Medical Abortion and Comprehensive Abortion Care through the Center for Community Reproductive Health in Vietnam healthcare network.

**Latin America and the Caribbean**

- **Brazil**
  - Anis – Institute of Bioethics, Human Rights and Gender: Conscientious objection in legal abortion services in Brazil

- **Ecuador**
  - ANONYMOUS: Modelo de servicio para la intervención del Embarazo no deseado y el Aborto Seguro

- **Peru**
  - Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos – PROMSEX: Acceso aborto legal y seguro en el Perú: Reduciendo el estigma y fortaleciendo el debate.

**Eastern Europe and Central Asia**

- **Armenia**
  - “For Family and Health” Pan-Armenian Association: Access to comprehensive abortion care and post-abortion contraception for vulnerable women in Armenia

- **Kazakhstan**
  - Kazakhstan Association on sexual and reproductive health (KMPA): Only wanted pregnancies”
<table>
<thead>
<tr>
<th>Country</th>
<th>Organization</th>
<th>Project title</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multi-country (Africa and Asia)</td>
<td>The Women’s Global Network for Reproductive Rights</td>
<td>Abortion Advocacy and Campaign Project (AACP)</td>
</tr>
</tbody>
</table>

### 3. SAAF logical framework with targets 2011-2014

**PROJECT TITLE** | Safe Abortion Action Fund 2011-2014
---|---
**GOAL** | Indicator | Baseline 2008 | Milestone 1 | Milestone 2 | Target 2013 |
Reduced maternal mortality through increased access to safe quality abortion and post abortion care, and prevention of further unwanted pregnancies, for poor and marginalised women | % of maternal deaths due to unsafe abortion in SAAF funded regions | Africa 14% | Asia 12% | Latin America 12% | n/a | n/a |

**PURPOSE** | Indicator | Baseline 2011 | Milestone 2012 | Milestone 2013 | Target 2014 | Assumptions |
NGOs funded to make innovative and strategic contributions to supportive legal and policy frameworks and improved service delivery | Number of countries where increased public visibility for abortion or steps taken to improve national, federal or local legislation | 0 | 25 (countries were SAAF 2nd projects are implemented) | 25 | 25 | Absence of natural disasters or security threats/conflict in countries/localities where projects funded |
**Source** | Project reports, documentation related to parliamentary procedure, press coverage, Countdown 2015 reports (69 countries) |

**Indicator** | Baseline 2011 | Milestone 2012 | Milestone 2013 | Target 2014 |
Number of countries where national/local policy framework, guidelines and protocols developed and/or implemented | 0 | | 10 | |
**Source** | National/local official documentation (policy, guidelines, protocols) |

**Indicator** | Baseline 2011 | Milestone 2012 | Milestone 2013 | Target 2014 |
Number of service agreements/partnerships with government authorities | 0 | | | |
**Source** | Projects reports and agreements |

**OUTPUT 1** | Indicator | Baseline 2011 | Milestone 2012 | Milestone 2013 | Target 2014 | Assumptions |
Safe abortion | Number of advocacy | 0 | - | - | 11 (in 11 |
### Project Title
Safe Abortion Action Fund 2011-2014

Legislation, policy and services effectively advocated for by the projects

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2010</th>
<th>Milestone 2011</th>
<th>Milestone 2013</th>
<th>Target 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of countries where NGOs achieve shared positions/consensus on approach to abortion law or policy reform</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>11</td>
</tr>
</tbody>
</table>

**Source:** Project reports, media statements and coverage

### Impact Weighting

#### 20%
Number of media reports/interviews covering abortion issues

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2011</th>
<th>Milestone 2012</th>
<th>Milestone 2013</th>
<th>Target 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of media reports/interviews covering abortion issues</td>
<td>0</td>
<td>-</td>
<td>-</td>
<td>160</td>
</tr>
</tbody>
</table>

**Source:** Project reports, media reports

**Risk Rating:** Medium

### Output 2

**Indicator:** Reproductive health policy, legislation and service delivery informed by research into abortion at countries or local level

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2011</th>
<th>Milestone 2012</th>
<th>Milestone 2013</th>
<th>Target 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of studies conducted</td>
<td>0</td>
<td>21</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Project reports, study documentation

### Impact Weighting

#### 20%
Number of official documents citing/including research results (policy, guidelines etc)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2011</th>
<th>Milestone 2012</th>
<th>Milestone 2013</th>
<th>Target 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of official documents citing/including research results (policy, guidelines etc)</td>
<td>0</td>
<td></td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Official documents

**Risk Rating:** High

### Output 3

**Indicator:** Increased access to abortion and post abortion care services (comprehensive abortion care)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2011</th>
<th>Milestone 2012</th>
<th>Milestone 2013</th>
<th>Target 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of women receiving safe abortion care or PAC (per number of new/improved facilities)</td>
<td>0</td>
<td>273,048</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Project and facility reports

### Impact Weighting

#### 20%
Number of staff trained in new abortion technologies and techniques (MVA and MA)

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2011</th>
<th>Milestone 2012</th>
<th>Milestone 2013</th>
<th>Target 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of staff trained in new abortion technologies and techniques (MVA and MA)</td>
<td>0</td>
<td></td>
<td>1,033</td>
<td></td>
</tr>
</tbody>
</table>

**Source:** Project and facility reports
### OUTPUT 4

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline 2011</th>
<th>Milestone 2012</th>
<th>Milestone 2013</th>
<th>Target 2014</th>
<th>Assumptions</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SAAF grants delivered and managed in accordance with agreed standards</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>IPPF continues to host SAAF</td>
</tr>
<tr>
<td>% of SAAF funding disbursed and expended by projects</td>
<td>96% disbursed</td>
<td>50% disbursed</td>
<td>95% disbursed</td>
<td></td>
<td>% of SAAF funding disbursed and expended by projects</td>
</tr>
<tr>
<td>And 80% expended</td>
<td>80% expended</td>
<td>50% disbursed</td>
<td>95% disbursed</td>
<td></td>
<td>% of SAAF funding disbursed and expended by projects</td>
</tr>
<tr>
<td><strong>Source</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Project reports and accounts, sample of project audits</td>
</tr>
<tr>
<td>Indicator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Source</td>
</tr>
<tr>
<td>% six month financial and annual narrative reports received on time (within 2 weeks)</td>
<td>75% Financial reports</td>
<td>75% Financial reports</td>
<td>80% financial reports and 80% narrative reports</td>
<td>85% financial reports and 85% narrative reports.</td>
<td></td>
</tr>
<tr>
<td>Narrative reports</td>
<td>75% Narrative reports</td>
<td>75% Narrative reports</td>
<td>80% financial reports and 80% narrative reports</td>
<td>85% financial reports and 85% narrative reports.</td>
<td></td>
</tr>
<tr>
<td><strong>Source</strong></td>
<td>SAAF management records</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Indicator</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>IMPACT WEIGHTING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>40%</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% SAAF funded projects promote SAAF objectives (innovative, strategic, sustainable)</td>
<td>90%</td>
<td></td>
<td>100%</td>
<td></td>
<td>TRP, Board, SAAF Sec reports, project reports</td>
</tr>
</tbody>
</table>

**Source**
- Tanzania, Nigeria, Pakistan, Malaysia, Nepal
- The Women’s Global Network for Reproductive Rights
- Abortion Advocacy and Campaign Project (AACP)

**RISK RATING**
- Medium