The Safe Abortion Action Fund is supported by the governments of Denmark, Norway, Sweden, Switzerland and the United Kingdom and is administered by the International Planned Parenthood Federation.
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EXECUTIVE SUMMARY OF THE FIRST YEAR REPORT OF THE SAFE ABORTION ACTION FUND (SAAF)

DECEMBER 2008

The SAAF is a grant-making mechanism which enables the implementation of programmes and initiatives to increase access to safe abortion services within a comprehensive package of reproductive health services, with particular regard to the needs of marginalised and vulnerable women. It supports in-country initiatives from non-governmental organisations to improve access to safe abortion. The project’s purpose is increased utilisation of quality safe abortion and post-abortion services, especially by young, poor and vulnerable women. The grants support activities in three broad areas: advocacy, operations research and service delivery.

The SAAF was established in 2006 with the support of donor governments from Denmark, Norway, Sweden, Switzerland and the UK. The initial fund totalled some $11.6 million and this was supplemented by a further $1.5m contribution from the UK for work in Africa. Forty four projects are being carried out in 13 countries in Africa, 8 in Asia, 20 in Latin America and 3 in Eastern Europe, demonstrating how widely the announcement of the fund was disseminated. Projects cover operations research, service delivery, advocacy or a combination of all three. A further six projects will be supported in Africa with additional funding provided by The UK Department for International Development (DFID).

1 Achievements

(a) SAAF Projects

Women reached
Despite facing civil unrest, natural disasters and opposition, within the past 12 months, 43 new abortion related services have been established; 98,566 women have obtained a safe abortion; some 108,280 women have received counselling or been referred to another facility for an abortion and a further 27,287 have received contraceptive counselling as a result of support from SAAF.

Close collaboration and partnerships
Where SAAF grantees have been located in the same country (eg. Argentina, Colombia, Mexico and South Africa), the organisations have pooled their resources and worked together to achieve their aims, providing mutual support to each other. This has resulted in strengthened partnerships and closer collaboration between many NGOs. More than 200 advocacy networks have been established.

The SAAF has proven, in a short space of time that it strengthens, legitimizes and promotes the work of networks of organisations working on safe abortion.
Small grantees managing funds
Many of the grantees are small organisations which have had limited access to international funding and which were unknown entities, and viewed as potential risks, yet they have been able to manage the resources provided to them, achieve their objectives and meet the reporting requirements of SAAF, justifying the decision of the Board.

Health workers trained and messages communicated
Almost 5,000 health providers have been trained and more than 175,000 people have been reached with information messages about safe abortion. Many hundreds of thousands have also been reached through radio messages and soap operas.

Research undertaken
Research papers have been published and surveys conducted. One of these papers, on the relationship between unsafe abortion and maternal mortality, received the WESTWIND\textsuperscript{1} award for excellence and improvements made in the area of safe abortion.

(b) SAAF Management and Administration

The SAAF is administered by the International Planned Parenthood Federation. The SAAF established a board of nine members to oversee the work of the Fund, which includes representatives of larger NGOs working in the field of abortion, donors and individuals.

This Board in turn set up a Technical Review Panel (TRP) which comprised 15 experts from all over the world, who donated their time without cost, to review more than 100 proposals and who made recommendations to the Board on which should be funded. The TRP worked remotely (on line) in pairs and then met for one day to jointly consider all the proposals. Initially 172 proposals (totalling $42m) were received, 105 met the criteria for review but ultimately due to funding constraints, only 44 projects could be supported. The agreed ‘light touch’ approach of managing the Fund has proved to be successful and the relationship between the grantees and the Fund is seen as one which is supportive and collaborative, but at the same time ensuring objectives are met and finances appropriately managed.

Capacity Building
The proposal guidelines included a section inviting grantees to specify what technical assistance they might need with their projects and asking them to state who could provide the support or if they needed help in identifying who could provide it. At the outset, grantees were required to take into account comments made by the TRP and to adjust their proposals accordingly. Ongoing support to grantees has been given by the SAAF Coordinator, who is able to communicate with grantees in the three working languages of the Fund, assisting them in improving their proposals and providing detailed feedback on

\textsuperscript{1} See page 18.
their reports and other support has been provided by IPPF and other agencies and individuals.

**Reporting**

To date 95% of funds have been disbursed and grantees have an average spending rate of almost 80% of their first year budget. 95% of grantees submitted their reports on time, which is an exceptionally high response rate.

This report covers only the first year of implementation and demonstrates that once given access to funding, such as the SAAF, for work related to abortion, non-governmental organisations, both small and large, in very diverse and often hostile settings, can move quickly and make a positive difference to the lives of many women.

**2. Recommendations**

- Following the positive results of this first year of implementation, a replenishment of the fund by both actual and new donors is a priority. Ensuring the continuity of certain projects and opening the fund to new projects will be important.

- For future funding, it will be very important to increase efforts that will ensure the participation of countries in North Africa and the Arab states.

- In order to monitor the projects more closely and accurately, it will be essential to develop more precise reporting tools for the grantees, including initial baseline data. This is particularly important regarding post-abortion family planning, which should be more closely monitored.

- Better results might be achieved with even greater communication between the grantees. Some regional fora could be created.

- Provision of technical assistance to develop capacity, particularly in Africa, from the outset of the process, including support to develop proposals, should be built into the system.

**3. Next steps**

An external evaluation will be conducted early in 2009, aimed at verifying self reports of grantees, drawing lessons learned and enabling SAAF to demonstrate its effectiveness thus attracting further funding. Reflection from the first year will be used to improve the efficiency of the fund. The evaluations will be carried out in four countries and will cover some 9 projects.

An imperative action will be to seek new funding for a second round of proposals and for continued funding for existing projects.
1. Background of the Safe Abortion Action Fund

Of the more than 500,000 annual maternal deaths worldwide, 13 per cent (178 women each day) are due to complications from unsafe abortion, rising as high as 50 per cent in some developing countries. World leaders have expressed their commitment to women’s rights and maternal health; reaffirming their commitment to the Millennium Development Goals (MDGs), including the goal of reducing the number of maternal deaths and improving women’s health, during the September 2006 United Nations World Summit. However, funding for work in this area is insufficient. The abortion issue is controversial and receives less funding than any other areas of reproductive health. Moreover, the Global Gag Rule – the US policy that denies reproductive health monies to non-governmental organisations (NGOs) that support, provide or refer for abortions – has resulted in recent years in even greater losses for organisations working in sexual and reproductive health and rights.

The IPPF publication ‘Death and Denial: Unsafe Abortion and Poverty’ highlighted the need for action. In 2006 the UK Department for International Development (DFID) asked IPPF to consider taking a leadership role in establishing a financing mechanism to support work to reduce unsafe abortion. The result is the Safe Abortion Action Fund (SAAF).

DFID’s initial contribution of $6m leveraged further money from other governments for the SAAF, and contributions from the Governments of Denmark, Norway, Sweden and Switzerland brought the fund to a total of US$ 11.6 million.

The SAAF is a grant-making mechanism; it enables the implementation of projects and initiatives to increase access to safe abortion services within a comprehensive package of reproductive health services, with particular regard to the needs of marginalised and vulnerable women. It supports in-country initiatives from non-governmental organisations which demonstrate their ability to improve access to safe abortion. The project’s purpose is increased utilisation of quality safe abortion and post-abortion services, especially by young, poor and vulnerable women. The grants support activities in three broad areas: advocacy, operations research and service delivery.

The governance of the SAAF established clear fiduciary responsibilities for IPPF; eligibility, application and selection procedures for applicants; conditions of funding; and roles and responsibilities of the SAAF Board, Management Support Team and the Technical Review Panel.
2. Implementation of the SAAF

The SAAF key principles of operation are as follow:

1. The Safe Abortion Action Fund supports non-governmental organisations (NGOs).
2. The Safe Abortion Action Fund only supports initiatives and programmes that are focused on increasing access to safe abortion within a comprehensive package of reproductive health services.
3. The Safe Abortion Action Fund is project-driven and gives preference to specific, in-country initiatives.
4. The decisions and functioning of the Fund are transparent and accountable and open to scrutiny.
5. IPPF has structured the Fund in a streamlined and non-bureaucratic manner to ensure rapid and efficient dispersal of funds into meaningful initiatives and programmes and to maintain oversight of progress, to monitor and to support the projects.

A nine person Board oversees the fund, with representation from the NGO community; abortion activists and the donors (See list annex 1).

During its first meeting in January 2007, the Board appointed a Technical Review Panel (TRP), made up of 15 experts from different countries and with diverse skills and expertise in the field of safe abortion, who all gave their time free of charge. (see list annex 2).

The Board drew up guidelines for reviewing proposals and developed By-laws, explaining how the Board will function. They also decided that if there were sufficient proposals which met the funding criteria, all the money should be allocated in this first round. The high number of applications for funding together with demonstrable results reported by grantees illustrate both the significant need for a mechanism such as SAAF as well as the ability of organisations to meet women’s needs with modest funds. As such, this should prove encouraging to both existing and additional donors to provide further funding to SAAF.

In May 2008 IPPF appointed a part-time staff person to coordinate the fund.

An external evaluation planned for early 2009 aims to assess the performance of selected projects and lessons learnt for the ongoing implementation. It will validate the reports submitted by the grantees and provide useful information for the strengthening of the SAAF.

3. The project selection process

The members of the TRP were charged with selecting the best proposals to be funded. Their main task was to score and assess the various proposals received along the lines of the SAAF guidelines and to make recommendations to the Board.
For the first round of funding, **172 proposals** were submitted to the SAAF (representing a total requested fund of **$42,101,596**), from **63 countries** and 6 regions.

The breakdown of the proposals’ origins is as follow:

![Figure 1: Origin of the 172 proposals by region](image)

The Figure 1 shows how safe abortion is a critical issue worldwide, with proposals coming from various regions, and especially from developing countries in Africa, South Asia and in central and South America. With such a diversity of origins, IPPF has been successful in disseminating the call for proposal.

After this first round of submissions, of particular note was the lack of proposals from the Arab World region. Therefore we suggest that in future proposal rounds SAAF should enable proposals to be submitted in Arabic and that particular efforts should be made to ensure the call for proposals is disseminated through Arab World Networks.

The language issue is central for many organisations. Indeed, having the choice of three working languages (English, Spanish, and French) was key in enabling a large number of organizations to have access to the fund and to liaise with the SAAF Coordinator.

Out of the 172 proposals, 67 were rejected for incomplete applications, 105 were reviewed by the TRP and 44 have been funded (see table below)\(^2\). Due to the large number of submissions and in order to fund as many projects as possible, the TRP recommended that the Board make a small percentage reduction on the largest grants in order to increase the reach of the fund.

The final breakdown of the funded projects is shown on the figure 2:

\(^2\) Out of these 44 projects, 10 are implemented by some Members Associations of IPPF: Albania, Chile, Costa Rica, Cote d’Ivoire, Kazakhstan, USA/Kenya, Kyrgyzstan, Lesotho, Mexico, and Sudan.
One quarter of the total proposals have been funded. Even though the quality of some others was not high enough to receive funds (and this is particularly the case with proposals from Africa where a lack of capacity in proposal writing was noticeable), a further 45 proposals equalling some $11m could have been funded if the resources were available, demonstrating that the unmet need regarding safe abortion programmes is very high. This is an important fact to take into account when further discussion for the fund replenishment occurs.

The high needs in Africa have been considered and DFID has responded with the contribution of an additional £1,000,000 specifically for projects in this continent. A major issue for the African submissions has been a lack of skills in writing proposals, although many of the concept ideas have been valuable and worth supporting. The SAAF secretariat and TRP have provided technical support and advice to six NGOs in Africa, and subsequently all were able to resubmit. Nevertheless, it is of concern to observe that where the unmet needs are the highest, a lack of capacity in application writing prevents the implementation of projects.

Looking at the types of activities by region (Figure 3), it can be seen that advocacy and service delivery are the main aims of these projects.
Only 4 projects are focusing solely on research. Service delivery activities are almost always provided with complementary advocacy and/or training activities.

4. First Annual Reports from Grantees

SAAF has now completed its first year of implementation and the grantees have reported positive and encouraging results worldwide. Initially tagged as a ‘risky’ fund for the issues it addresses and the spectrum of organizations it funds (some of them being small, local and inexperienced entities), the SAAF has demonstrated itself as a successful tool for abortion related project implementation.

The grantees appear to be highly motivated, rigorous and productive. Through highly developed networks and collaborative-working, they report delivering quality services, producing significant studies and surveys and raising their voices to the most influential persons in their countries. In some cases, the significance of their work has been acknowledged by awards or by extra funding from other organisations.

This section raises some key issues arising from an analysis of the reports received and interactions with grantees over the last year:

a. Motivated, dedicated and productive grantees

The enthusiasm for the SAAF shown all over the world by so many organisations is significant. The projects selected have given a unique opportunity to 44 organizations to implement numerous safe abortion related activities. Throughout the year, and in addition to the required reports, several organizations have sent updates, contextual papers and information emails. From the advocacy projects, SAAF has received considerable amounts of information and education materials, leaflets, CD-ROMs and DVDs, tee-shirts and many photographs. This is a clear illustration of the level of engagement of the grantees and their willingness to go beyond the obligatory reporting tasks.

The SAAF is proving to be, though the enthusiasm of the grantees, a powerful tool in the defence and promotion of safe abortion worldwide more than just a financial scheme.

b. Safe Abortion: a controversial issue in controversial contexts

Safe abortion is a controversial issue in most of the countries where the projects are being implemented, and grantees face this reality on an everyday basis. Not only have they had to deal with the sensitivity of such a difficult topic, but they also have had to implement their activities in complex socio-political contexts. As the aim of the SAAF is to support projects in the lowest group of the DAC countries, political and social instability often affects their daily activities. Projects on any topic are affected by these issues in difficult contexts, but safe abortion projects are frequently subject to additional intimidation and violence due to the sensitivity of the issue.
Over the past year, some projects have been negatively affected, for example in Kenya due to political unrest and in Bolivia (Figure 4) and Nepal (Figure 5) because of numerous national strikes which prevented access to the project sites.

“Bolivia has been experiencing an unstable political, social, and economic climate. The instability is expected to culminate in a national referendum in August (...). There were unexpected changes in leadership at the relevant ministries and public institutions. Also, because of the political instability, there have been roadblocks and protest marches that made it difficult to reach intervention sites, particularly in rural areas”.

Figure 4: IPAS, Bolivia

“Peer group formations activities were delayed by 2-3 months in some districts because of political disturbances, transportation blockades and strikes in schools. At least 30-40 working days were disturbed and so some planned orientations, meetings, trainings and other activities had to be postponed [...]. During the process of conducting the base line survey, the enumerators in Chitwan received some threats from local politicians to stop the survey as there were some Maoists camps and their restricted areas in the district.”

Figure 5: MSI, Nepal

Nature also played its role in the project implementation and the project in Bihar, India, has been delayed after serious flooding.

Some questions have arisen regarding fiscal probity in one project, and action has been taken to ascertain the level of risk and the evaluation planned in 2009 will look at this in detail.

Moreover, on the ground, some organisations have had to face very hostile behaviour from so-called ‘anti-choice’ groups or other abortion opponents.

“On Thursday 6 December, at the very last minute, FUSOR S.A. informed us that for religious motives the company did not agree with the contents of our campaign posters (“neither any content promoting the control of fertility”) and cancelled our contract. Other obstacles during this campaign were the constant destruction of the posters put in the streets. During the third campaign, the person putting the posters was intimidated by a group of unknown persons”.

Figure 6: CESPPEDGH, San Miguel, Argentina

The Argentina example (Figure 6) is quite striking and illustrates the context in which the grantees are working. This organisation reluctantly decided to go to court and to seek
recompense from the printing house which refused to publish its campaign materials at the last minute.
The overall political context can also sometimes jeopardize the survival of local organizations, has can be seen in Ethiopia (Figure 7) with the potential adoption of a new legislation on regulating NGOs.

“The Government of Ethiopia is in the process of issuing legislation on civil society (Charities and Societies Proclamation). The draft proclamation has accorded to the Charities and Societies Agency enormous power that directly have impact on internal affairs of the organizations thus putting at risk the organizational independence and the very survival of the institutions (especially in local NGOs with international funding).”

Figure 7: MSI, Ethiopia

c. The grantees are advocacy leaders in their countries

The SAAF aims to support a wide range of organisations, from small local associations to the biggest international sexual and reproductive health and rights organisations, all of which participate in the overall advocacy for the issue of safe abortion and are essential to its success (Figure 8). No one organization can be solely responsible for legislative change, but every single SAAF advocacy project influences the process at various levels from local/state to national/federal level.

“In this project has been very important for CFEMEA. It has allowed us to be a central actress in the public debate on abortion in the country. We are identified as a major reference on the theme.”

Figure 8: Feminist Center for Studies and Advisory Services, CFEMEA, Brazil

In Mexico, for example, the decriminalisation law on abortion which had been adopted in 2007 in the Federal District, has been declared constitutional (in regard to the Federal Constitution) in August 2008 by the Supreme Court of Justice. The organization Grupo de Información en Reproducción Elegida (GIRE), within its SAAF advocacy activities, was one of the selected speakers who took part in the public hearing at the National Supreme Court of Justice on 30 May 2008 to support the constitutionality of the new law.

In Uruguay, strong advocacy activities oriented towards the parliamentarians lead to the approbation by the Senators on 7 November 2007 of a sexual and reproductive health law. This includes chapters related to the decriminalisation of abortion without restriction as to reason. Through the SAAF, the grantee Mujer y Salud en Uruguay (MYSU) organized a
regional seminar bringing together politicians, experts on safe abortion, civil society groups and sexual rights advocates to contribute to the debate (*Abortion in debate: social consensus, democratic conflict*, Montevideo, Uruguay, 18 October 2007). Coupled with TV and radio campaigns and information and communication materials developed for the politicians, the advocacy strategy has been so far very successful in raising awareness.

Some important alliances and collaborations have been developed with central Governments and Ministries of Health in order to put the safe abortion issue high on the national health agenda - one of the best examples being in Brazil (see Figure 9). Such collaboration is vital to long-term results and advances for the safe abortion issue.

The SAAF strengthens, legitimizes and promotes the work of networks of organizations working on safe abortion.

d. Taking risks and capacity building for smaller organizations

The board of the SAAF has made a decision to include in funding some small organizations, sometimes inexperienced, recognizing that that this may be a risk. Therefore the SAAF has been understood since its inception as a ‘risk-taking’ fund. It is interesting to note that these smaller organizations have been as successful as the largest ones in implementing their activities and achieving their annual objectives. Smaller organizations are willing to ask for support with regard to project management, narrative and financial reporting. As mentioned previously, the high level of motivation among the grantees has produced a high level of the project management, as the organizations are aware that the SAAF is providing a unique opportunity.

Thanks to the ability to communicate with SAAF in their own language (English, Spanish, French and sometimes Portuguese), the organizations have not hesitated to liaise closely with the Coordinator and they have been keen to ask questions and raise issues. Even though ‘light touch’; the support from SAAF had been effective in terms of reporting, especially in the financial area.

“Currently, we are working with some states and with the Federal Ministry of Health in the interventions that are required to install or improve services in hospitals of the whole country. The recognition of the relevance of our programme was officially sanctioned during the recent meeting of the National Pact for the Reduction of Maternal and Neonatal Mortality. One of the recommendations coming out from that meeting was to “support the Cemicamp/ FEBRASGO initiative to establish services for the comprehensive care of women who suffer sexual violence, with the purpose that all municipalities with 100,000 people or over have such services”.

Figure 9: Center for Research in reproductive Health of Campinas (CEMICAMP), Brazil
After this first year it would appear that the high risk projects have turned out to also be capacity building projects.

### e. Joint-working and joint-funding projects

Liaising has been and is still on-going, not only between the SAAF support team and the grantees, but also between the grantees themselves. This ability to build bridges between the projects and the countries has been a positive output from this first year. Some grantees did not necessarily wait for the SAAF to start to liaise and support each other, but it appears to be a common banner under which organisations can collectively identify themselves. This has been particularly true in South Africa (Figure 10).

More than just liaising, some projects managed to develop joint activities, especially in the area of technical training or technical assistance. In Latin America, technical assistance has been exchanged between projects: in Colombia, two grantees developed common technical training for their service providers and in Mexico City, three of the grantees worked in collaboration around service delivery and advocacy activities.

The collaboration also crosses borders often to reach a regional level, such as this example in Latin America (Figure 11).

> "Another unexpected achievement has been the collaboration that has grown with the two other SAAF-funded projects in South Africa. We have been in regular contact with Pathfinder about their work to expand abortion services in Khayelitsha. As part of their community needs assessment, we worked with them to add several questions examining knowledge and attitudes related to second trimester abortion. We have also made contact with Mosaic, which will be providing counselling services for our interviewers to help them through the sometimes difficult experience of interviewing women undergoing abortion”

Figure 10: Ibis Reproductive Health, South Africa

> "An unexpected outcome of our work on the health indication for legal abortion was the proposition by the Colombian "Working Group for Women’s Lives and Health” to co-organize a regional meeting in Mexico in October 2007 followed by a seven month long electronic discussion forum with over 40 international and regional experts from the reproductive health field including the World Health Organization, the International Federation of Gynecology and Obstetrics (FIGO) and its Latin American counterpart— Latin American Federation of Obstetrics and Gynecology Societies (FLASOG), International Planned Parenthood Federation/Western Hemisphere Region (IPPF/WHR), the Latin American Consortium against Unsafe Abortion (CLACAI in Spanish) and the Center for Reproductive Rights, among others. The overarching goal of these activities was to produce a landmark concept paper to help policy makers and service providers implement the health indication for legal abortion in Latin America, including Mexico”.

Figure 11: Grupo de Información en reproducción Elegida (GIRE), Mexico
f. Sustainability

Sustainability is a major issue for most of the projects, especially for those providing services. Some grantees have managed to receive some extra-funding from diverse NGOs or organizations to further activities related to their initial SAAF projects, for example in South Africa and Thailand. This capacity to raise awareness about safe abortion and attract new funding through a successful and pertinent project is vital for the grantees if they want to assure the sustainability of their activities.

The proposal for the study mentioned in Figure 12 was developed during the course of the project and was not initially planned. If accepted, it will be developed in partnership with the University of Cape Town and supported by the equipment donation from Médecins sans Frontières (MSF). This is one example of the positive collaborative effect that good projects have had.

"Pathfinder is very pleased that Médecins Sans Frontières (MSF) has expressed support of the study by donating a new ultrasound machine (which is also required for the MVA procedures, and will be retained by Nolungile whether or not the MA study is approved) and the MA drugs needed for the study. Because of these donations, Pathfinder is able to afford the study within the project budget.”

In Thailand, the grantee was able to gain sustainability by developing strategic partnership with the Ministry of Health (Figure 13).

"The project received excellent participation of the policy decision makers at the national workshop in Chiang Rai chaired by the Deputy Health Minister. And following the workshop, the Director General of the DOH sent a letter to all government hospitals and public health offices on its policy on prevention of unsafe abortion, a guideline on providing safe abortion service and compliance with the amended medical regulation of termination of pregnancy.”

Figure 12: Pathfinder International, South Africa

Figure 13: The Women’s Health and Reproductive Rights Foundation of Thailand (WHRRF)
5. First year outputs and indicators of achievement

This section illustrates SAAF progress in relation to the log-frame outputs and indicators.

a. Output 1: effective advocacy for safe abortion

Advocacy is a cross cutting activity for most of the projects and a key issue to advance the debate and improve legislation on safe abortion worldwide. The monitoring and measurement of advocacy networks is a complex task when it comes to small scale projects. As a result of the projects around 200 advocacy networks have been created or revitalized. Their nature obviously differs considerably, as they range from populous community networks (in Bangladesh) to regional ones (in Latin America).

Some 175,942 persons have been reached through advocacy activities in year one. The diversity of the projects and of the advocacy activities is striking, just as the type of audiences reached. Campaigns have been developed around medical abortion, use of Misoprostol, sexual violence, contraception. Some training sessions have brought together youth, community leaders, teachers, parliamentarians, legislators, lawyers, religious leaders, indigenous women and refugees.

Some innovative initiatives have been developed, like the mock abortion tribunal in Kenya, attended by 400 persons and widely covered by the media (Figure 14).
Radio programmes have been used in several projects to reach wider audiences. In Colombia, the organisation Orientáme developed a ‘radionovela’ in 5 chapters broadcast through 164 neighbourhoods, to promote safe abortion.

Regarding changes in legislation, one of the most difficult goals to achieve, especially over a short period of time (the life of the projects is only two years maximum), is to measure the objective impact of the projects. It would be very subjective and inaccurate to claim that one single project brought about a change in legislation when this usually results from multiple players working over a long period of time to bring about such change. Nevertheless, as mentioned before, the grantees play a central and vital advocacy role in their countries, and we can assume that the SAAF had an impact on the on-going changes occurring throughout the globe.

We have already mentioned Mexico as champion for safe abortion, but we also have the example of Thailand, where some legislative changes might occur in the next months (Figure 15).

"The first-ever mock abortion tribunal was held in Kenya on June 26, 2007, to coincide with the International Day against Torture. The testimonies of four women who have undergone unsafe abortions were presented before a tribunal of four “judges,” covering the factors that led them to seek abortions, who performed the abortions, the costs of the abortions, and the impact of unsafe abortion on their lives. The tribunal also heard testimonies from two health providers and comments from the public. The judges assessed the testimonies from human rights, women’s rights, health and socio-economic perspectives, and considered the international commitments Kenya has made regarding these issues. Although a final verdict could not be presented because of the interruptions by anti-choice groups, the forum proved to be an effective forum in which to engage a dialogue on abortion among the public and other stakeholders. The tribunal also heard, first-hand, some of the factors that lead women in Kenya to seek unsafe abortions."

Figure 14: Planned Parenthood Federation of America- Kenya
Some legislative progress can also be expected in regard to access to safe abortion products or the development of guidelines and protocols validated by the Ministries of Health. Projects in Brazil and Kazakhstan (Figure 16) are very promising.

b. Output 2: Operations research

"Coordinated with the DOH to move forward and advocate for the legislation of the Reproductive Health Law that will contribute to the improvement of women reproductive health and abortion law in Thailand".

Figure 15: The Women’s Health and Reproductive Rights Foundation of Thailand (WHRRF)

Out of the 44 projects only 4 are operations research projects. These studies have been in Africa (Burkina Faso and Cote d’Ivoire), in Asia (the Philippines) and in Latin America (Costa Rica).

"KMPA has met with the health care authorities from Almaty city department of health (CDOH), Ministry of Health, pilot clinics, international organizations and nongovernmental organizations. We have presented our initiative to improve quality of abortion care and FP counselling in pilot districts. We signed an annual working plan with city department of health on improving quality of abortion services and implementation of medical abortion in Almaty and developed clinical standards on safe abortion procedures (medical abortion, manual vacuum aspiration), pre and post abortion cancelling. The clinical standards have been developed according to WHO recommendations.

Figure 16: Kazakhstan Association on Sexual and Reproductive Health (KMPA)

The study conducted in Costa Rica by the IPPF Member Association, An Estimate of induced abortion in Costa Rica, 20077, has proved to be a very valuable piece of work, which was recipient of an award earlier this year (Figure 17) and which led to the publication of a guide for service provision for therapeutic abortion.

The project in Côte d’Ivoire worked on producing a Knowledge, Attitude and Practice (KAP) study on clandestine abortion⁴, which is a first in the country. Initially planned to survey a specific region, the focus group has been expanded by demand and interest of the Ministry of Health, to become a national level study, proving that the SAAF project has acted as a catalyst for moving this issue forward.

In Burkina Faso the project faced significant delays to obtain its accreditation from the ethics committee which is in charge of authorizing research in medical centres, but ultimately the accreditation was given, but all the activities had been delayed.

WESTWIND AWARDS
IPPF/WHR awarded the WestWind Awards for excellence and improvements made in the areas of Access, HIV/AIDS, Safe Abortion, Adolescents, and Advocacy. The recognition included a prize of $15,000 for each winner, awarded by the WestWind Foundation, a private foundation that promotes sexual and reproductive health and rights worldwide.

* For Safe Abortion, the award went to the Costa Rican Demography Association, ADC, Costa Rica, for their research on the relationship between unsafe abortion and maternal mortality and for their work on a technical guide for service provision for therapeutic abortion.

Figure 17: IPPF/WHR news October 2008

In the Philippines, data related to the incidence, issues and actual practice of abortion have been gathered and the next step will be data analysis. The study is ongoing and the organisation, GABRIELA, plans to disseminate its results by the end of the second year of project implementation.

Other projects have conducted research on a smaller scale, often coupling it with service delivery activities. The countries where these studies are conducted are: Albania, Brazil, Bolivia, Niger and South Africa.

Another article worth mentioning, *Complications after Second Trimester Surgical and Medical Abortion*, was published in the journal *Reproductive Health Matters*⁵ and partially funded by the SAAF.

These studies and surveys are proving to be vital in many countries as they can often be the only reliable source of information about the situation regarding abortion. It is anticipated

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⁴ Connaissances, Attitudes et Pratiques de l’avortement provoqué clandestine en Côte d’Ivoire, AIBEF, Abidjan, 2008
that they will be used to either enhance the advocacy work or support relevant service delivery.

c. Output 3: Increased access to safe abortion and post abortion services

Over the short life-span of the SAAF, some considerable achievements have been made. There are 43 new service delivery points in eight countries that have reached close to 100,000 women in the last year. As most of the services that grantees are reporting on are new, we can assume that these are women who would not have been reached without SAAF funding. However, the lack of baseline data makes this difficult to verify and it is an issue that should be considered in regard to future funding. It is important to note that a retrospective baseline will be gathered in those projects which will be evaluated in 2009.

The vast range of projects and activities also add to the complexity of gathering very precise numbers. Nonetheless, figures gleaned from the grantees first year reports allow us to highlight the following numbers, which are encouraging after only 12 months of activities6 (Figure 18).

<table>
<thead>
<tr>
<th>Figure 18: SAAF service delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>• <strong>98,566</strong> women benefited from safe abortion services</td>
</tr>
<tr>
<td>• A further <strong>27,287</strong> women received contraception counselling</td>
</tr>
<tr>
<td>• <strong>108,280</strong> women received counselling or referral services</td>
</tr>
<tr>
<td>• <strong>43</strong> new abortion related services have been established</td>
</tr>
</tbody>
</table>

Service providers have offered post abortion family planning to women but have yet to collate data on how many have accepted. This is an aspect of the projects which needs closer monitoring and reporting in the future.

Most of these services did not exist prior to SAAF funding, thus it is clear to see the impact of the projects.

An important issue within service delivery activities is their long term sustainability and one of the key factors to enable this it is the training service providers. Almost 5,000 health professionals and service providers have been trained during the first year. The trainees

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6 Figures compiled from the grantees first annual reports.
include medical doctors, nurses and traditional carers. The training sessions ranged from counselling, post-abortion care and abortion techniques. All the projects which developed training sessions were promoting the use of the latest technology for safe abortion.

d. Output 4: SAAF grants delivered and managed by IPPF

It was agreed that the role of IPPF in the administration of the fund would be a ‘light touch’ and in accordance to this principle some general indicators have been set up.

As at 31 October 2008, in regard to the US$ 6,515,112 committed funding for the first year, US$ 6,223,183 (95.5%) has been transferred to organizations (Figure 19). This figure is above the objective mentioned in the logical framework, where it was anticipated that 85% of the committed funds would be spent.

![Figure 19: 95.5% of annual committed funding disbursed in year 1](Image)

The actual figures regarding utilized funds are also positive, with an average spending rate of 78%. Sixty five percent of the organisations have spent at least 80% of their first year budget.

The rate of disbursement for both IPPF (for its fund management task) and the grantees (for activities implementation) is high and illustrates the vitality of the projects. Nevertheless, a certain number of grantees were unable to spend their fund as planned. This has been explained and discussed in the grantee reports and the reasons for the delay in disbursement can be classified as follows:

- Context related delay: socio-political incidents delay the implementation of the activities.
- Delay with administrative authorisations for building construction or ethical agreement.

All the grantees were required to provide both a narrative and financial report after one year of activities. For this first year of implementation, each reporting deadline had been communicated individually to the grantees a few months before the due date. This process helped to avoid late submission of the reports (Figure 20).
As we can see in the chart above, about 95% of the narrative reports were submitted on time (as defined in the logical framework, reports received within 4 weeks of the reporting deadline are considered as ‘on time’).

Regarding the financial reports, the figures are slightly lower, with 93% of the reports received on time (see Figure 21). Grantees are required to submit their annual audit accounts to the SAAF.

These relatively good performances demonstrate the high degree of motivation and commitment of the SAAF grantees.

It is also important to note that SAAF project management provided a significant amount of information and advice regarding the reporting requirements for the smaller organizations. This capacity building has certainly helped some of the grantees to deliver very good reports on time.

Four monitoring and evaluation field visits will be commissioned and implemented in early 2009 (Draft Terms of Reference in annex 6).
6. The additional funding for Africa

The additional £1,000,000 (US$1,500,000) funding from DFID dedicated to Africa is close to being totally allocated. Two projects started in September 2008, in Western Kenya and francophone western Africa (regional project covering Senegal, Mali, Benin and Burkina Faso).

Four other projects will start in early 2009 in various part of the continent: Nigeria, Sudan, Uganda and a regional project covering Africa.

Considering the needs in this part of the world, this extra specific funding is proving to be invaluable. Out of this sum, US$ 50,000 has been set aside for technical assistance whenever needed. The SAAF secretariat has provided some support for resubmission of the 6 new African projects. It is important to acknowledge the need for a longer start up time for some proposals due to lack of experience of some of the organisations applying for funding.

7. Achievements, conclusions, and recommendations for future funding

After only one year of implementation, the SAAF appears to be a very successful fund. Grantees worldwide have realised great achievements over a short period of time and the future activities seem very promising. However, lessons learnt along the past year encourage us to hone some details and make some recommendation for future funding.

Achievements:

In addition to the previously cited quantitative achievement, we can highlight the following qualitative ones:

- IPPF has successfully implemented a governance strategy for the SAAF, establishing a Board and Technical Review Panel who, supported by the SAAF Management Team, developed pertinent procedures to screen the applications and select the best proposals.

- IPPF has been successful at disseminating the call for proposals, reaching a vast range of countries and organisations. The language issue is central for many organisations and IPPF was able to manage the fund in three working languages (English, Spanish and French), enabling a large number of organisations to have access to the fund.

- The SAAF is one of the only means of funding for organisations working to keep or put safe abortion on the agenda in hostile environments.
More than just a financial scheme, the SAAF has proven to be, through the enthusiasm of the grantees, a powerful tool in the defence and promotion of safe abortion worldwide. The SAAF strengthens, legitimizes and promotes the work of networks of organizations working on safe abortion.

- The rate of disbursement for both IPPF (for its fund management task) and the grantees (for activities implementation) is high and illustrates the vitality of the projects.

- Smaller organizations have been as successful as the largest ones in implementing their activities and achieving their annual objectives.

Conclusions:

- The unmet needs are high and a further 45 existing projects could be supported if funding was available.

- Some very good progress has been made in a short space of time.

- The grantees are very enthusiastic and committed.

- Significant amount of collaboration and sharing has arisen as a result of SAAF support.

- Based on the initial success it should, with increasing support from donors, be possible to transform the SAAF into a world leading / reference fund for Safe Abortion.

Recommendations:

- Following the positive results of this first year of implementation, a replenishment of the fund by both actual and new donors is a priority. Ensuring the continuity of certain projects ad opening the fund to new projects will be important.

- For future funding, it will be very important to ensure the participation of countries in North Africa and the Arab states.

- Provision of technical assistance to develop capacity, particularly in Africa, from the outset of the process, including support to develop proposals, should be built into the system.

- In order to monitor the projects more closely and accurately, it will be essential to develop more precise reporting tools for the grantees, including initial baseline data.

- A greater emphasis should be placed on the option and provision of post-abortion family planning in the service delivery projects.
Better results might be achieved with even greater communication between the grantees. Some regional fora could be created (perhaps IPPF could host SAAF webpage/forum on its server).