

2016



SAAF ANNUAL REPORT 2016

In 2016 Safe Abortion Action Fund was supported by the governments of the Netherlands, Norway and the United Kingdom and an anonymous donor. The Fund is administered by the International Planned Parenthood Federation.

This report was prepared by the SAAF Secretariat (Maïté Matos-Ichaso, Hanna Lindley-Jones, Andre Deponti and Luis Gonzales) and the chair of the SAAF board (Manuelle Hurwitz) in September 2017.

The report covers the period January 2016 – December 2016.

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CONTENTS

Foreword	4	Monitoring and Evaluation	24
2016 Performance	5	Annexes	28
Advocacy Results	6	Annex 1: The Board	29
Service Delivery Results	8	Annex 2: Round Three Grantees	29
Evidence Results	10	Annex 3: SAAF Logframe 2013-2017	36
Grantee Support and Communications	12	Annex 4: Cost drivers	44
Webinars	14	Annex 5: Risks	46
Visits to grantees	15		
Virtual community	16		
Visibilty and communications	16		
Governance and Management	18		
Governance strengthening	18		
Fund managment	18		
Safeguarding cost effective solutions	20		
Financial status and external audit	22		
Risk assessment and management	22		

FOREWORD

The Safe Abortion Action Fund (SAAF) is a multi-donor funding mechanism established in 2006 that aims to build a world where women’s rights to safe and legal abortion are established and protected, women are empowered to exercise these rights and their lives are saved.

SAAF’s mission is to provide grants to local and grassroots organisations in order to build a vibrant civil society movement that works towards increasing access to safe abortion.

In 2016, SAAF entered its tenth year of operation. Since inception, there have been three rounds of funding, supporting 199 projects in 59 countries, with a total grant commitment of over US\$35 million. In Round Three, which started in 2014 and is due to finish in 2017, 103 organisations in 50 countries were funded, with a total grant commitment of US\$16 million. This round was supported by the governments of Denmark, the Netherlands, Norway, the United Kingdom and an anonymous donor.

This annual report details the activities of SAAF from January to December 2016. It opens with an analysis of performance of the projects under the key areas of work of the fund; advocacy and awareness raising, service delivery and evidence and research. There have been good results overall, especially on the number of women and girls receiving quality abortion services and the number of service providers trained in safer abortion technologies and techniques.

An important component of SAAF is the support provided to the partner organisations. The following section highlights how the Secretariat has continued to increase the amount and quality of technical support given, through monitoring and support visits, grantees’ meetings, online webinars and the virtual community.

The fund governance and management section introduces the independent governing Board overseeing the fund which includes donors, activists and international NGOs representatives. It also presents some of the Secretariat results in terms of fund management, including systems and processes to ensure value-for-money as well as financial and risk management.

We finally present the progress made on monitoring and evaluation system strengthening and present the exciting findings of the first part of the external evaluation commissioned in 2016.

Once again it has been a very busy, stimulating and productive year for the fund and we hope that you will enjoy reading about this unique and effective mechanism that fills an important niche in the funding architecture for safe abortion.

THE SAAF SECRETARIAT 2016

- **Maite Matos Ichaso** –Programme Manager (maternity leave Feb-Dec 2016)
- **Andre Deponti** – Programme Adviser (Acting Programme Manager Feb-Dec 2016)
- **Hanna Lindley-Jones** – Programme Officer
- **Shreena Patel** – Programme Adviser (maternity cover backfill Feb-Dec 2016)
- **Edward Hales** – Finance Officer (Jan- Feb 2016)
- **Luis Gonzalez** – Finance Officer (Jun-Dec 2016)

2016 PERFORMANCE

Grantee achievements against key SAAF indicators were very positive in 2016, especially the number of women and girls receiving quality abortion services and the number of service providers trained in safer abortion technologies and techniques. The slight under-achievement for two indicators - improvement in legislation and post-abortion contraception uptake- still indicate very positive and encouraging results.

Table 1: SAAF Programme milestones vs. results 2016

Indicator	Milestone 2016	Results 2016	% from milestone
Outcome 1 - Number of countries where new steps have been taken towards improved legislation, policy and services	17	15	88%
Outcome 2 - Number of women and girls receiving quality clinical abortion services (disaggregated by age)	48,118	54,304	113%
Outcome 2a - Aged 19 and under	13,492	14,214	105%
Outcome 2b - Aged 20 and over	34,626	40,090	116%
Outcome 3 - Proportion of women and girls in receipt of quality clinical abortion services voluntarily adopting a modern method of contraception	76%	72%	94%
Outcome 3a - Proportion of short-term methods	68%	68%	100%
Outcome 3b - Proportion of long-term methods	32%	32%	100%
Advocacy 1 - Number of SAAF grantees leading a coalition with a shared position on approach to abortion law or policy reform	4	4	100%
Advocacy 2 - Number of SAAF grantees newly engaging different groups in advocacy and awareness related activities	32	32	100%
Advocacy 3 - Number of publicly visible statements in support of abortion attributable to SAAF grantees	777	861	111%
Evidence 1 - Number of new studies initiated	4	4	100%
Evidence 2 - Number of knowledge dissemination activities conducted	32	37	115%
Services 1 - Number of clients receiving quality counselling on abortion and related services	94,866	118,170	125%
Services 2 - Number of service providers trained in safer abortion technologies and techniques	829	965	116%
Services 3 - Number of service points providing quality abortion services	481	507	105%

ADVOCACY RESULTS

OUTCOME 1 - NUMBER OF COUNTRIES WHERE NEW STEPS HAVE BEEN TAKEN TOWARDS IMPROVED LEGISLATION, POLICY AND SERVICES

Eighty-eight percent (15/17) of this milestone was achieved, with two countries falling short of expectation. While this indicator showed some good results, it has to be noted that legal and policy change can take a very long time to achieve and despite some good progress in previous years, increased opposition, particularly in **Kenya** and **Uganda** meant that previous achievements were stalled in 2016.

OUTPUT RESULTS

ADVOCACY 1: NUMBER OF SAAF GRANTEES LEADING A COALITION WITH A SHARED POSITION ON APPROACH TO ABORTION LAW OR POLICY REFORM

The milestone has been fully achieved, with four grantees in four countries (**Benin, Kenya, Nigeria** and **Nepal**) leading a coalition with a shared position on or approach to abortion law and/or policy reform.

In **Nigeria**, a SAAF grantee is one of the leading partners in the National Coalition for Safe Abortion and has coordinated training for coalition members on advocacy and media strategies.

ADVOCACY 2: NUMBER OF SAAF GRANTEES NEWLY ENGAGING DIFFERENT GROUPS IN ADVOCACY AND AWARENESS RELATED ACTIVITIES

The milestone has been fully achieved, with 32 grantees engaging with different groups in advocacy and awareness raising activities. The type of group varied very widely, depending on local needs, and could not be typified.



“Through my work I help people: when I’m making my religious speeches, I always base them on issues that VODA trained me on. Because I know it’s very good to save lives. Even God likes it. My religion is bitterly opposed to abortion but still I go to the pulpit and tell people about abortion because it is not good to see people dying.”

JOHN, RELIGIOUS LEADER IN MUKONO COUNTY, UGANDA

One example is **VODA Uganda** a small community-based organisation based in rural communities, which has been working with local religious leaders, training them on sexual and reproductive health and rights and why access to abortion is necessary. This involvement of local preachers has proven successful and one catholic lay-preacher involved in the project, who is also a village leader, is now counselling his community on SRH issues and has even gone on to advocate for greater access to abortion within his sermons.

ADVOCACY 3: NUMBER OF PUBLICLY VISIBLE STATEMENTS IN SUPPORT OF ABORTION ATTRIBUTABLE TO SAAF GRANTEES

The milestone for 2016 was slightly exceeded, with **861** (111%) public messages reported.

These public statements vary from project to project and include statements made by public figures after engaging with SAAF projects or media articles developed alongside project staff. One example is the grantee **KMET** in western **Kenya** who have developed a successful working relationship with local newspapers, which published 16 articles on reproductive health, including safe and unsafe abortion with KMET during the reported period.

“I work in a health facility in Siaya (Nyanza). After the training, I went back and only shared the information with the community members but not the doctors from the health facility because I felt that they will not listen to me. One day, a woman died while undergoing an abortion process at the facility. I felt so bad and found myself asking them why they could not use Misoprostol. They asked me about it and I explained to them. From then onwards, they only use medical abortion for safe abortion in the first 9 weeks of pregnancy.”

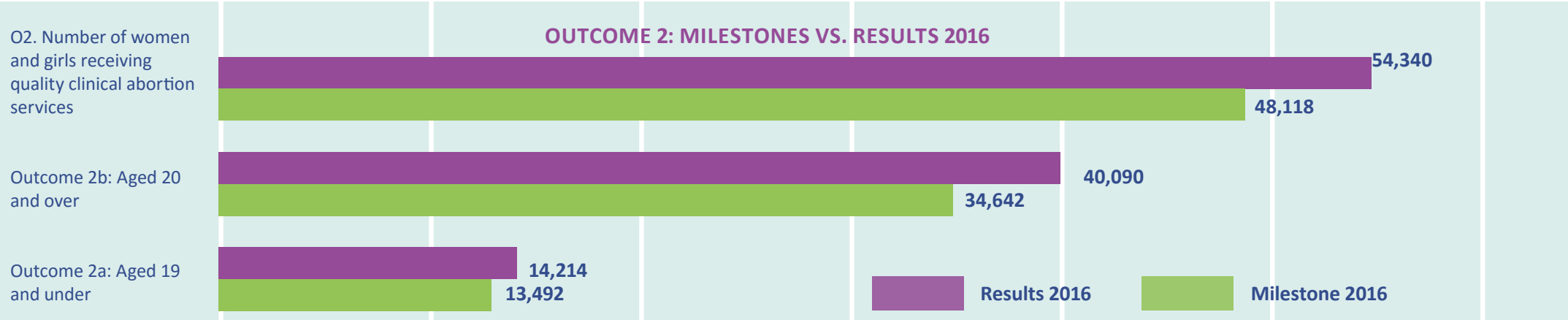
MERCY, INVOLVED IN AN AWARENESS RAISING ACTIVITY WITH TICAH IN KENYA



OUTCOME 1 ACHIEVEMENTS

In October 2016, as a major success of their SAAF-funded project in El Salvador, the **Alianza por la Salud y la Vida de las Mujeres** and **Agrupación Ciudadana por la Despenalización del Aborto** were successful in getting the bill that they had written proposing changes to the penal code to be tabled in parliament. This bill could end the country’s outright ban on abortion and reform the penal code to decriminalize abortion in cases of rape, incest, an unviable foetus, and when the woman’s life is at risk. A political party, FLMN, has committed their support. If this bill is passed it could be a major positive step in improving one of the world’s worst legislative situations in relation to abortion.

SERVICE DELIVERY RESULTS



OUTCOME RESULTS

OUTCOME 2- NUMBER OF WOMEN AND GIRLS RECEIVING QUALITY CLINICAL ABORTION SERVICES (DISAGGREGATED BY AGE)

In 2016, **54,304** women and girls received quality clinical abortion services – treatment for incomplete abortion or safe abortion services (113% of milestone). Age disaggregated data shows that **26% of clients (14,214) were aged 19** or younger. Although the number of girls is higher than expected, the proportion of the clients aged 19 or younger in relation to the total number of clients (26%) is slightly below the 28% milestone. These figures do not include women and girls referred for clinical services via SAAF funded hotlines due to difficulty in tracking such data.

Tusitukirewamu a community based organisation from Kampala, Uganda increased women’s access to safe abortion services provided by their referral points by 178% between 2015 and 2016 with 3,570 women

accessing safe services through their referral in 2016. Of these 63% were to women and girls aged 19 and under.

They achieved this success by increasing the frequency of their community activities and introducing outreaches to schools which allowed young women to speak directly to counsellors in their own environments. They also introduced peer-to-peer support encouraging the young people that they interacted with to contact the organisation should they require any information or care.

OUTCOME 3 - PROPORTION OF WOMEN AND GIRLS IN RECEIPT OF QUALITY CLINICAL ABORTION SERVICES VOLUNTARILY ADOPTING A MODERN METHOD OF CONTRACEPTION

In 2016 the post-abortion contraception uptake of 72% is slightly below the ambitious milestone of 76%. The proportion between short term and long term

methods is 68% short term and 32% long-term (in line with milestone expectations).

However, it is encouraging to see that steady progress is being achieved with an uptake in voluntary adoption of modern contraception rising from 55% in 2014, 70% in 2015 to 72% in 2016, particularly when compared against an uptake of only 27% at the beginning of Round Three.

Furthermore, the uptake of long term modern contraceptive methods is a significant achievement that is likely to enable women and girls to avoid repeat unintended pregnancy.

One example of an organisation that has shown this improvement is **VNCRH** in **Vietnam** which launched a new clinic under the SAAF project in 2015, aimed at enabling access to SRH services for female factory workers in one of the country’s industrial zones. When the clinic opened in July 2015, post abortion contraception uptake was 11% but by the end of 2016 this had increased to 65%. They achieved this

by improving the training of service providers in counselling, developing new visual materials and increasing the reach of their information about contraceptives, tackling myths and misconceptions via social media, e-newspaper, factory magazines, call centres, direct communication sessions and through the factory peer educators.

OUTPUT RESULTS

SERVICES 1: NUMBER OF CLIENTS RECEIVING QUALITY COUNSELLING ON ABORTION AND RELATED SERVICES

This milestone for 2016 has been exceeded with **118,170** women and girls receiving counselling on safe abortion and related services.

It should be noted that while hotline clients are not counted towards the abortion service outcome indicator (Outcome 2), they are included in this counselling indicator, which partly explains the much higher volume of counselling services being provided in comparison with clinical abortion services. Hotlines vary from automated systems where the caller can choose options to hear recorded messages on a number of topics and leave a message for further follow up, to systems where women can get direct access to a trained counsellor.

Through their hotline for information on safe use of medical abortion, **Peace Foundation** in **Pakistan** were able to counsel 935 women and girls in 2016.



Grantee VNCRH providing mobile services to low-income women in Vietnam
VNCRH/Vietnam

QUALITY OF CARE

Grantees are self-assessing the quality of the services they provide or that their partners provide by using a **Quality of Care checklist**, available in English, Spanish and French (see section on Monitoring). The checklist focuses on the clinical aspect of the services and provides a very helpful means, not only of monitoring, but also of improving the quality of services.

This self-assessment process is based on the premise that SAAF’s grantees would like to identify what could be improved in their work – therefore they will conduct an honest and thorough self-appraisal. Results are provided to the SAAF secretariat once a year as part of the annual reporting process. However grantees may want to implement this tool in a more regular basis to support continuous quality improvement efforts (e.g. every quarter). It is also important to highlight that this tool does not aim to replace the implementation of more comprehensive and detailed quality of care tools already developed by grantees.

SERVICES 2: NUMBER OF SERVICE PROVIDERS TRAINED IN SAFER ABORTION TECHNOLOGIES AND TECHNIQUES

This milestone has been fully achieved with **965 providers trained** in safer abortion technologies in 2016.

One aspect of service provider training that needs to be highlighted is the continuous support and mentoring that providers need, to be able to deliver the expected outcomes. For example, in **Burundi**, the organisation **Solidarité des Femmes Burundaises pour la Lutte contre le Sida et le Paludisme au Burundi** has been working in partnership with four private health centres and has provided annual trainings to thirty providers on safe post-abortion care techniques and counselling on sexual and reproductive health and rights. These have been repeated regularly with follow-up and refresher trainings to ensure that they are skilled and able to provide quality services.

SERVICES 3: NUMBER OF SERVICE POINTS PROVIDING QUALITY ABORTION SERVICES

This output has also been exceeded with **507 service points** offering quality services in 2016. The milestone for 2016 was exceeded by 5%.

Approximately three quarters of the facilities assessed, meet recommended quality standards. Some of the main issues encountered are the lack of quality commodities in remote areas and the lack of a formal process for getting (and recording) clients’ consent. Linked to the commodity issue, many facilities also offer a limited range of services (e.g. only one method of abortion) or a limited range of contraceptive methods (e.g. only condoms and the pill). When quality standards do not meet the requirements, the Secretariat reviews the action plan proposed by grantees and follow up is done as part of the regular monitoring process.

EVIDENCE RESULTS

OUTPUT RESULTS

EVIDENCE 1: NUMBER OF NEW STUDIES INITIATED

Four studies were initiated in 2016. They are varied in nature but all seek to improve knowledge about key issues related to safe and unsafe abortion in their respective settings. For example, in **Uganda**, **Lady Mermaid’s Bureau** conducted a study on the difficulties and discrimination faced by sex-workers in accessing safe abortion and post-abortion care. One of their findings was that, of the 2,500 women that they met with who had experienced an unsafe abortion, the pregnancy was due to sexual and gender-based violence in 89% of cases. They also found multiple examples of the abuse and discrimination women faced when attending hospitals to receive post-abortion care. This evidence will hopefully increase understanding in the country of how the double stigma of both sex-work and abortion acts as a barrier to access safe services for sex-workers.

EVIDENCE 2: NUMBER OF KNOWLEDGE DISSEMINATION ACTIVITIES CONDUCTED

The milestone for 2016 has been exceeded, with 37 dissemination activities conducted both at local and international levels.

At the domestic level, the **African Population and Health Research Center** in **Kenya** held an evidence sharing workshop with representatives from the Nairobi County Health Team and the management team of health facilities, to disseminate the findings

of their research on barriers to post-abortion care services to young women and girls in Nairobi.

At the international level, the SAAF grantee in **South Africa**, the **University of Cape Town**, presented the results of their research at the 13th Conference of the International Federation of Professional Abortion and Contraception Associates (FIAPAC). The research assessed the feasibility of replacing in-person follow-up for early medical abortion with a low sensitivity pregnancy test, symptom checklist and text messages in the South African public sector setting. They found that it was an effective way of increasing access to safe abortion for poor and marginalised women in South Africa.

In total twenty grantees have a research element embedded in their projects. All had dissemination strategies focused on domestic actors, geared towards policy makers, other civil society organisations and/ or the general media. Five also had international dissemination strategies, usually through publication in scientific journals and/or presentation of finding in international conferences.

A deeper analysis of the domestic dissemination strategies shows that the most common target audience for research studies are policy makers, followed by other civil society organisation the media. These dissemination strategies reflect the fact that most research studies in the SAAF portfolio are policy-oriented.



Joanne, a sex worker involved in the project run by Lady Mermaids Bureau in Uganda
SAAF/Tommy Trenchard/Uganda

“I thought he [the member of the village law enforcement team] would offer protection to escort me as I proceeded home since I had just eluded a rape by a gang of muscular youths, but he ended up raping me too. I pleaded for a condom but he never listened...I decided to take an abortion, I was not ready to have a child without a father.”

ONE OF THE SEX WORKERS INTERVIEWED IN THE STUDY BY LADY MERMAID’S BUREAU

GRANTEE SUPPORT AND COMMUNICATIONS

The Secretariat has continued to increase the amount of technical support provided to grantees. Support was provided through four main channels: monitoring and support visits by the Secretariat, regional grantees meetings, online webinars on issues identified as requirements for grantees and through the SAAF virtual community.

ASIA GRANTEES MEETING

Following a successful grantees meeting for organisations based in Africa in August 2015, the secretariat organised one for Asian grantees in January 2016. This was held following the International Women's Health and Unsafe Abortion Congress (IWAC) in Bangkok. Thirty-eight grantees from across Asia attended, along with those from Africa who had presented at the conference.

The workshop built on the experiences gained from the previous meeting in Africa, using a participatory approach to enable grantees to share their work and experience on topics such as medical abortion, rights, m-health and community mobilisation. Interactive sessions were also run by the secretariat and supportive partners on issues recognised as necessary such as how to improve messaging on abortion to ensure that it does not add to abortion stigma and how to strengthen advocacy activities.

The feedback from the meeting was extremely positive with all those who attended expressing their thanks for the opportunity to meet with and learn from their peers, build networks and improve their technical skills and knowledge.

One outcome of this meeting was a peer-to-peer technical support visit arranged between the grantee in Tajikistan, the **Tajik Family Planning Alliance (TFPA)**, and one of the grantees in Nepal, **Sunaulo Pariwar Nepal (SPN)**. SAAF supported staff from TFPA to visit



"Thank you all so much to give a chance for us to meet and share experiences on Safe Abortion field. All participants learnt some lesson from these meetings in order to perform their work in each difference context country."

GRANTEE FROM VIETNAM



Nepal to learn about how SPN is able to improve sustainability through cross-subsidisation of services ensuring that those who can afford to pay are able to support the provision of free or subsidised services to those who cannot.



Participants at the Asia grantees meeting in Bangkok
SAAF/Hanna Lindley-Jones/Thailand

WEBINARS

SAAF continued to provide remote technical support through online webinars in 2016 with three held in the year. Two were run by the SAAF Finance Officer in February, in both French and English. This was in recognition of a need that had been identified during grantee visits that many organisations require more support in how to build strong and effective financial systems. Finance and programme staff were invited to attend and, as can be seen in the charts, they were very popular webinars with a total of 47 organisations attending the webinars.

The third webinar held in 2016 was following a request from grantees for support with fundraising. Since many grants were coming to an end in 2016 and 2017, it seemed an opportune time. Following a scoping exercise, the secretariat contracted the agency INTRAC who were able to find a resource mobilization expert to develop and deliver a webinar which was held in December.

The webinars continue to be monitored with analytics reviewed and each webinar followed by a survey. Some of the results are available here.

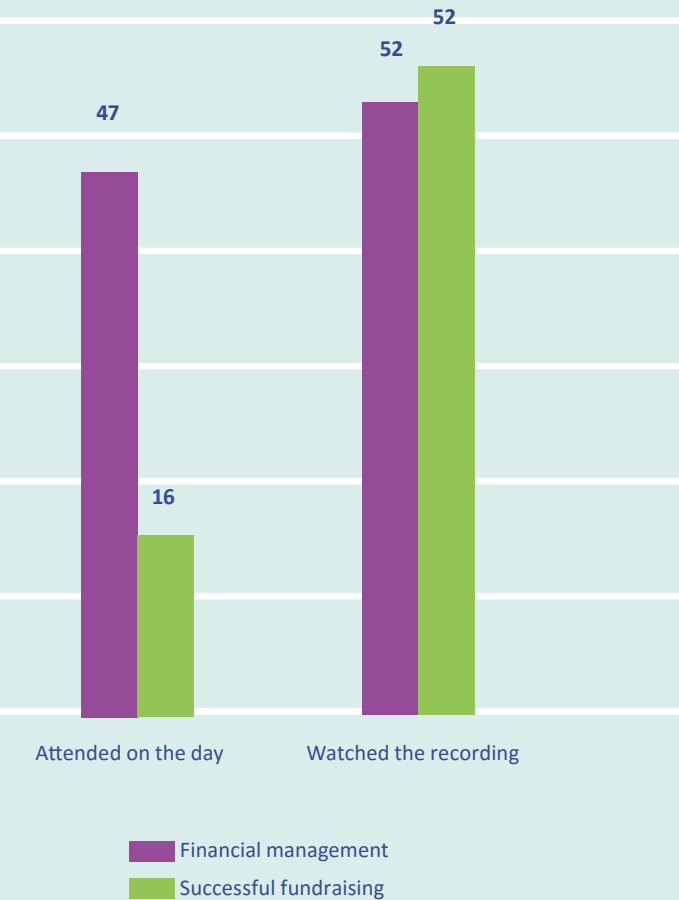
“Following this webinar I will update my resource mobilisation strategy document with the inputs from the webinar”

ATTENDEE COMMENT FOLLOWING THE FUNDRAISING WEBINAR

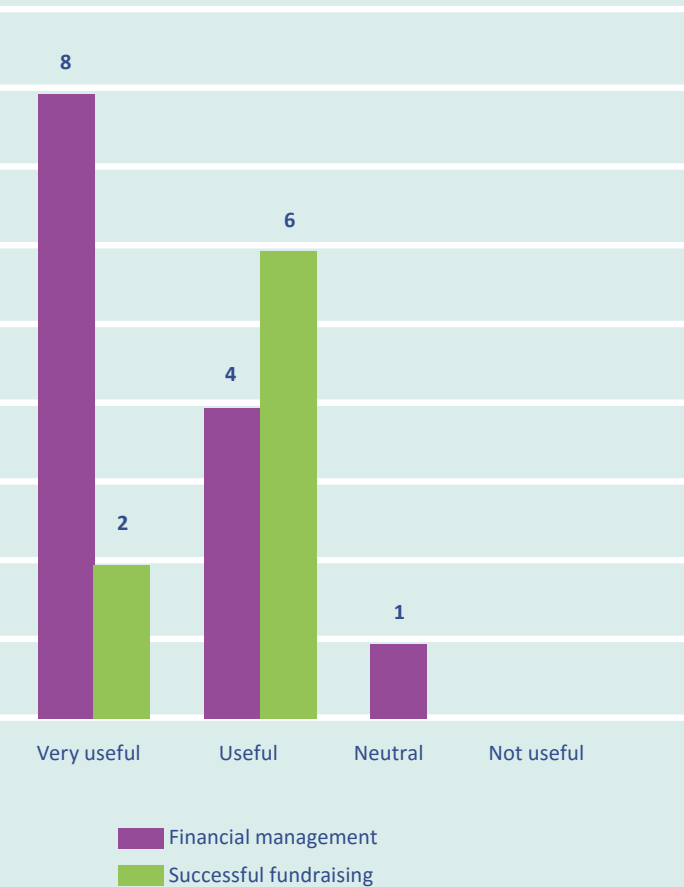
“At VODA Uganda, we are so grateful for this kind of capacity building which would be far too costly [for us].”

FEEDBACK ON WEBINARS

THE NUMBER OF PEOPLE WHO ATTENDED OR VIEWED THE WEBINAR



HOW USEFUL DO YOU THINK THE WEBINAR WILL BE TO YOUR WORK?



VISITS TO GRANTEES

Visits by the Secretariat are an essential component of the SAAF engagement with its grantees. The visits aim to monitor progress of the SAAF supported activities, provide technical support where needed, provide financial support and oversight and encourage collaboration between grantees (when several grantees are supported in one country). During these trips the SAAF team visit grantees’ headquarters and project sites (service delivery points, community sites etc.) hold discussions, observe work and review documentation – including verification of results reported. The SAAF team share these findings with the grantees in a debriefing meeting, followed by a monitoring visit report and action plan.

In 2016 the Secretariat visited nine grantees in El Salvador, Thailand, Republic of Congo, Malaysia, Chile, Kenya, Nepal and Senegal. Following these visits one project was terminated, based on findings that it was not capable of completing the project.

Recommendations for visits are expected to be implemented in the following months and are followed-up by the Secretariat. As an example, one project put in place all the recommendations from the visit by the next report including creating Memorandum of Understandings with public hospitals, starting the provision of post-abortion care in their own clinics and training midwives in implant provision.

“ACBEF has benefited from SAAF’s visit and we really appreciated the information and the advice we received. Following this visit we propose to integrate PAC services to the two ACBEF clinics in Brazzaville and Pointe-Noire.”

FROM GRANTEE REPORT FOLLOWING VIST



SAAF Programme Officer on monitoring and support visit to Congolese grantee ACBEF
SAAF/Hanna Lindley-Jones/The Republic of Congo

VIRTUAL COMMUNITY

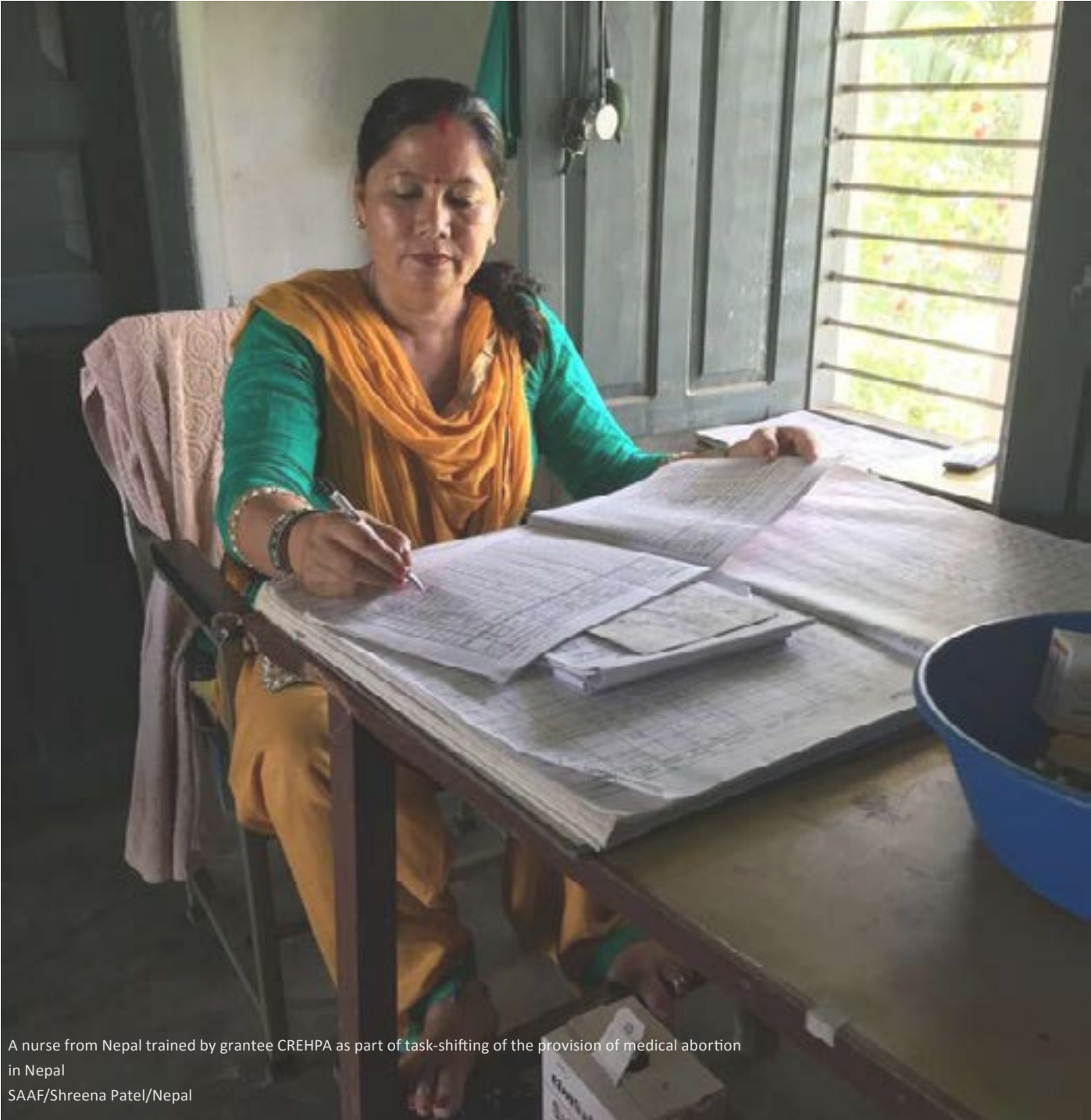
The SAAF virtual community continued to operate well in 2016, with all grantees having at least one member signed up. A total of 245 members from across the world are now part of the community. The Secretariat has continued to share updates and resources on the site, with a particular focus on sharing funding opportunities, as many projects were coming to an end in 2016. The virtual community saw over 90 posts on the discussion board in 2016 on topics such as plans for marking the September 28th Safe Abortion Day as well as updates from the secretariat.

The virtual community has also helped, along with the grantees meetings, to strengthen the SAAF network and build on relationships between grantees to create a strong network of like-minded abortion advocates who feel supported by their peers around the world, as many of them are working in difficult and highly restrictive settings.

VISIBILITY AND COMMUNICATIONS

In June 2016 SAAF launched a new-look website, www.saafund.org, using a platform that allows for more regular and easier updating and sharing of SAAF stories, news of grantee successes and information such as new calls for applications. In the first six months of operation, 1,054 people visited the site.

This has been a good way of sharing resources, news and allowing people who are interested in SAAF to register to receive news on any new calls for applications. As of the end of 2016, 50 people had registered through the site.



A nurse from Nepal trained by grantee CREHPA as part of task-shifting of the provision of medical abortion in Nepal
SAAF/Shreena Patel/Nepal



The new homepage of the SAAF website



GOVERNANCE AND MANAGEMENT

SAAF operates under the direction of an independent governing Board while the Secretariat is in charge of the day-to-day implementation.

GOVERNANCE STRENGTHENING

An independent multi-agency Board governs and oversees the work of SAAF. It consists of a total of ten representatives from larger INGOs working in the field of abortion, donor governments, technical experts and members of the sexual and reproductive health and rights community from different regional/ geographic locations. The names and affiliations of Board members are listed in Annex 1. The Board is the highest decision-making body of SAAF and is accountable to donors and other stakeholders. The purpose of the Board is to provide strategic oversight, to set policy and guidelines and to consider, discuss and approve applications eligible for funding.

In 2016, it was decided to reinvigorate the role of the Board to better address some of the fund challenges ahead. The Terms of Reference for the Board were revised, with a view of outlining more clearly the Board’s roles and responsibilities and of ensuring robust oversight over the work of the Secretariat.

FUND MANAGEMENT

The SAAF Secretariat is hosted by IPPF, which provides the administration and oversees the financial management of the Fund. The SAAF Secretariat is responsible for the day-to-day management and is the main point of contact between grantees, the SAAF Board and SAAF donors. During 2016 the Secretariat comprised four full-time employees, representing years of experience in project management, monitoring and

evaluation, institutional learning, communications and language proficiency in English, French and Spanish, which are the three working languages of the fund. The team also has experience in financial management, auditing, due diligence and financial capacity building.

FUND MANAGEMENT INDICATOR RESULTS

SAAF continued to managing grant disbursements well in 2016 and the rate of financial implementation of grantees was generally good. The 2016 milestones for disbursed and expended funds were slightly off track (90.3% and 83%) but this is explained mainly by exchange rate gains in grantees’ currencies against the dollar, which averaged 5%. This means that grantees would have spent as planned in their local currency but less in US dollars.

The SAAF Secretariat does not accept reports until all areas (narrative, indicators and financial) are properly completed. In 2016, 90% of the completed grantees reports were received on time.

Despite being a relatively active virtual community with ninty posts made in 2016, few posts gather more than ten responses. The virtual community has proven to be more of a sharing platform than a discussion platform. The Secretariat is looking into other tools that might be better to support discussions.

The satisfaction of the grantees is measured via the narrative report where a section explicitly requests feedback on the Secretariat and asks about any future support required. In 2016, 96% of grantees expressed satisfaction with the support provided by the Secretariat and this finding was verified by the external

evaluation of SAAF, which found that the grantees visited indicated a high level of satisfaction with the support provided by the Secretariat.

The last indicator used to measure the fund management is the level of funds expended for operating costs, which in 2016 represented 11.3% of overall fund expenditure (6.5% administration costs + 4.8% overheads). The main cost driver for operation costs are staff salaries, which are relatively constant over the life of Round Three. The grants, the main

expenditure representing 86% of the total budget, are paid upfront and many projects finished in 2016, which led to a relative increase of the operating costs proportion. Cumulative results for 2014-2016 show operating costs at 8.7% of total expenditure (4% administration + 4.7% overheads), which is in line with the target for this round.

Progress toward the SAAF logframe fund management outputs

Indicator	2016 Target	2016 Result
M1. Proportion of SAAF project funding a) disbursed to and b) expended by grantees	a)97% disbursed b) 88% expended	a) 90% b) 83%
M2. Proportion of grantee reports received on time and complete	a) 90%	90%
M3. Number of discussions on SAAF virtual community resulting in 10 or more responses	12	2
M4. Proportion of SAAF grantees reporting satisfaction with support provided by SAAF Secretariat	90%	96%
M5. Proportion of overall SAAF funds expended for fund operating costs	10%	11.3% (6.5% administration costs + 4.8% overheads)



SAFEGUARDING COST-EFFECTIVE SOLUTIONS

The SAAF Secretariat has adopted value for money (VfM) principles into systems and processes and VfM is part of the routine monitoring. Indicators have been designed to assess performance in improving fund efficiency, effectiveness (assessed as grantees capacity to deliver project outputs), economy and equity. The VfM framework provides a useful guide for the Secretariat to better analyse and assess grantees finances, which represented about 85% of the fund expenditure for the period 2014-2016.

EFFICIENCY: TIMELINESS OF DISBURSEMENT AND EXPENDITURE OF SAAF FUNDS TO AND BY GRANTEES

Log frame milestones for disbursement and expenditure of funds illustrate that this is slightly off track due to grantees’ exchange rates gains (see results for indicator M1).

EFFECTIVENESS: GRANTEES HAVE IMPROVED ORGANISATIONAL AND TECHNICAL ABILITY TO MANAGE AND DELIVER THEIR PROJECTS

To measure levels of organisational and technical ability, the Secretariat has used the following information:

- Changes in overall classification of “project performance” (as per dashboard maintained by the SAAF Secretariat)
- Quality of programmatic and financial reports over time
- Timeliness of submission of reports by grantees (see table 12 above)

Overall Project performance	Reporting periods				
	0.5	1	1.5	2	2.5
Red	17%	18%	13%	11%	6%
Yellow	41%	36%	32%	41%	44%
Green	42%	46%	55%	48%	49%

The overall **project performance has been increasing**, with more projects moving from the red flag (serious implementation concerns) category to the green and yellow flag categories (no or little concern) since inception.

The main criteria the Secretariat uses to assess in which category a project sits are:

- Activities not implemented as planned and/or lack of forward planning/trouble shooting
- Not achieving targets and/or poor quality data
- Achieving targets, but with questions over quality of results
- Spending identical to budget
- Spending with no evidence of results or results with no evidence of spending
- Substantially underspent or substantially overspent

The quality of the programmatic reports is improving over time which indicates that the continuous comments and feedback from the Secretariat are taken on board. The quality of the financial reports has decreased slightly in the most recent reporting period. This is mainly due to the fact that stricter processes have been put in place thus triggering more questions and a harsher initial assessment from the Secretariat.

Quality of programmatic reports	Reporting periods				
	0.5	1	1.5	2	2.5
Problematic	20%	16%	13%	12%	11%
Adequate	43%	41%	43%	46%	48%
Good	38%	43%	45%	42%	41%

Quality of financial reports	Reporting periods				
	0.5	1	1.5	2	2.5
Below average	5%	9%	10%	8%	15%
Adequate	50%	45%	47%	51%	53%
Good	45%	46%	43%	41%	32%

As shown in the results for indicator M2, the timeliness of report submission is good.

The analysis of these three measures indicates that grantees have increased their organisational and technical ability to manage and deliver their projects, and demonstrate that grantees are increasingly able to fulfil all SAAF requirements.

EQUITY: SAAF GRANTEE PROJECTS ARE IMPROVING ACCESS TO INFORMATION AND SERVICES FOR POOR, MARGINALISED AND YOUNG WOMEN AND GIRLS

For the purposes of this measure the SAAF team has collected information on the main population groups served by grantees during project monitoring visits. These findings highlight that most projects are reaching and improving access to services for those women and girls most in need, including young and unmarried girls and women, survivors of sexual violence, sex-workers, refugees and migrants living in camps as well as poor rural women who live far from other health facilities

In **Lebanon** a project has managed to establish a contract of collaboration between MSF and the grantee establishing a formal referral pathway to ensure refugee women based in the camps are able to access safe abortion services when needed.

Another example is **VINFPA** in **Vietnam** which works both with young female factory workers as well as providing mobile outreach services to indigenous, marginalised women.



A VINA FPA service provider working with indigenous communities in Vietnam
VINA FPA/Vietnam

ECONOMY: PROPORTION OF FUNDS USED FOR ADMINISTRATION AND OVERHEAD

Please refer to results for indicator M5 on page 19.

ECONOMY: IMPROVED UNDERSTANDING OF COST DRIVERS OF SAAF FUNDED PROJECTS & UNDERSTANDING OF GRANTEE ACTIONS TO MANAGE KEY COST DRIVERS AND ACHIEVE BEST VALUE FOR MONEY

Since 2015, a structured review of cost drivers has been an integral part of all SAAF monitoring visits. Results are discussed with grantees and, as needed appropriate action advised and follow up monitored. In addition, the SAAF Finance Officer made two dedicated finance monitoring trips in 2016. During these visits, an overall analysis of grantees’ budgets and procedures were made. The analysis included the following:

- Assessments (and if necessary adjustment) of overheads charged
- Salary levels and benchmarking (not only to reduce cost, but also to be able to retain competent staff)
- Analysis of clinic running costs and commodity purchase. Monitoring of stock control systems.
- Review of the procurement policy and implementation of the policy

Results are discussed with grantees and, as needed appropriate action taken and monitored.

The detailed cost drivers and actions to manage costs at the secretariat level are described in the Annex 4.

FINANCIAL STATUS AND EXTERNAL AUDIT

The total expenditure for SAAF in 2016 was US\$3.21 million. The majority of this expenditure was project funding to grantees (US\$2.36 million).

Grantees receive up to 90% of each year’s budget upfront. In order to manage risk, the SAAF Secretariat may reduce disbursements, or make more frequent smaller disbursements. Some of the criteria the Secretariat uses to recalculate remittances are: large depreciation of grantee local currency; past implementation rate slower than forecast or if the grantee is in a particular high risk environment. Six monthly financial reports are required to match expenditure against budget. However, if funds are not expended as planned, or if activities have not successfully followed the implementation plan, funds for the following instalment are released on a pro-rata basis. Grantees are then required to submit a revised project plan and revised budget before these funds are released.

An audit covering the year ending 31 December 2016 was carried out by Sayer Vincent LLP in May 2017. SAAF received an unqualified audit opinion and the management letter confirmed that all the audit findings from the previous year had been addressed.



The grantee in Peru Centro de la Mujer Peruana Flora Tristán has been campaigning to decriminalise abortion in cases of rape.
Flora Tristán /Peru

RISK ASSESSMENT AND MANAGEMENT

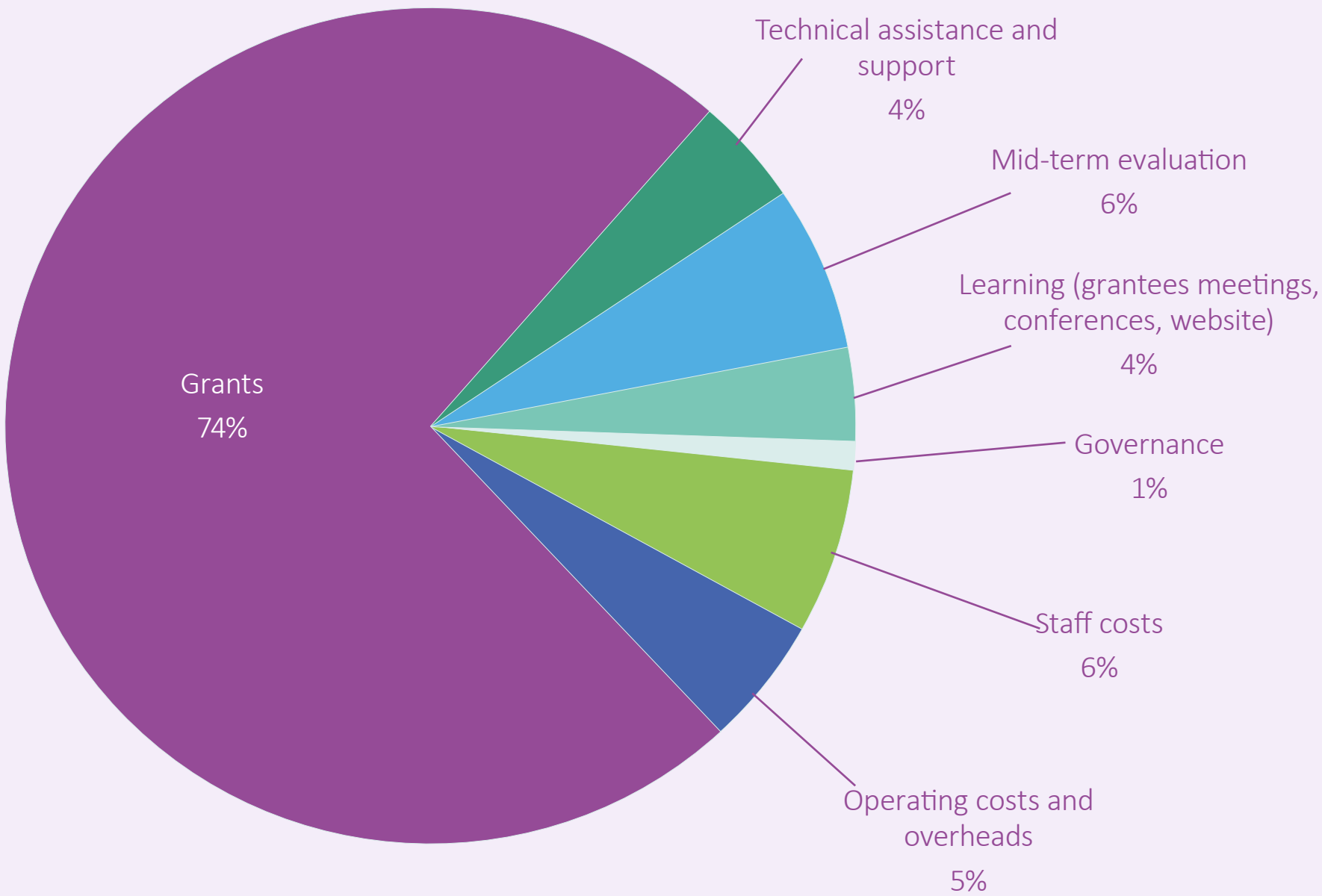
As a fund focusing on expanding access to safe, legal abortion, working in a wide variety of countries and with a large number of grantees with varying capacity, identifying the potential internal and external risks, and strategies to mitigate these, is a priority. Risk management is a standing item in the Board meeting agenda to ensure that:

- All key risks facing the SAAF board and secretariat are included
- Risks can be reduced, transferred and budgeted for as needed

SAAF has developed a “Risk and Risk management” strategy which details the risks associated with SAAF, how to monitor them and strategies to mitigate them. Outside the scope of this document are the risks of individual SAAF projects (these are reviewed during application stage and managed at an individual grantee level, with monitoring and assistance from the Secretariat when required) and wider sectorial risks such as security of funding for abortion programming and quality of client data (information about these risks are sourced from Board members, donors and grantees and discussed by the Board and Secretariat on an ‘as needed’ basis).

The risks associated with SAAF, their impact weights and mitigation strategies are presented in the Annex 5.

FINANCIAL BREAKDOWN OF FUND



MONITORING AND EVALUATION

MONITORING PROGRESS THROUGHOUT THE PROGRAMME

The SAAF secretariat has, during the course of Round Three, continually worked to make monitoring more systematic – with grantees using relevant indicators within their own project monitoring frameworks from the overall SAAF logical framework. Quarterly data is submitted by grantees on a six-monthly basis to the SAAF secretariat where systems to collate and aggregate data have been established. In addition, all projects that provide or facilitate clinical service delivery are required to use the SAAF Quality of Care checklist to self-assess and report on clinical quality standards. Grantees are also encouraged to reflect on their progress and learning, as well as to share lessons learnt, achievements and challenges with others in grantee meetings, webinars and through the Virtual Community.

Additionally, during the course of this round of funding the SAAF secretariat has both increased the number of grantee visits made and developed tools to maximise the learning from these visits. Visits aim to monitor progress of the SAAF supported activities, provide technical support when needed, enable financial support and oversight and encourage collaboration between grantees (when several grantees are supported in one country). The SAAF team share the initial findings with grantees in a debriefing meeting, followed by a monitoring visit report and action plan.

For the first time, during Round Three, SAAF began reporting age disaggregated data for service delivery.

Each projects’ ability to reach/meet the needs of poor, marginalised and vulnerable women and girls is observed during monitoring visits.

EXTERNAL EVALUATION

Throughout this funding round the Secretariat has demonstrated itself to be a learning organisation despite the constraint of a very lean Secretariat – continually analysing information from grantees and seeking means of improving performance. In 2015, an independent evaluation, with terms of reference agreed by all SAAF donors, was tendered and WISE Development Ltd was contracted out to conduct the evaluation.

DFID REVIEW

In addition to independent evaluations, SAAF has been reviewed by DFID, one of its donors, on an annual basis. All the reports are publicly available on the Development Tracker website: <https://devtracker.dfid.gov.uk/projects/GB-1-203925/documents> and shared on the SAAF website. Each year DFID rigorously assesses and scores the Fund by reviewing performance against outcomes and outputs, analysing issues such as capacity development, grant management including fraud prevention and response, monitoring and evaluation, value for money and financial performance (including cost drivers), risk and risk mitigation.

The first, formative, stage of this evaluation, completed during 2016, was based on reviews of nine (9%) of the 103 projects funded in Round Three, country visit workshops with all of the Round Three grantees in the five countries visited (a total of 18 grantees or 17% of all grantees); an online survey with grantees from all three Rounds (with a 60% completion rate); and interviews with eleven global-level informants. Whilst confirming the value of the SAAF mechanism, the evaluators note that the size and diversity of the sample means that the findings are not generalizable across the SAAF portfolio but believe that they provide an important snapshot of the funds achievements and challenges. Evaluation recommendations have been reviewed by the Board and action has been either taken (e.g. revised Theory of Change) or is planned for future funding rounds. Some findings of note include:

SAAF funded grantee projects were found to be highly relevant in terms of the barriers they were tackling and target groups they aim to reach; additionally, evaluators noted that many projects were observed to be embedded in wider networks and had been able to locate their work within a longer term agenda, as well as leveraging additional expertise. However, it was also found that some grantees, particularly those new to the safe abortion agenda, were less able to undertake a robust contextual analysis with resultant challenges for project implementation – more support at early stages of project design is required.

SAAF grantees have engaged in a wide variety of approaches – some very innovative and promising approaches were identified but the need for greater emphasis, from the outset, on sustainability is flagged – particularly in relation to service delivery grantees. It

is also noted that over half of all grantees report facing anti-choice activism.

The evaluation poses challenges to SAAFs approach to monitoring. Whilst recognising it is an approach designed to be flexible and accessible for all grantees, in reality evaluators found that there was variety in the rigor with which monitoring was undertaken by grantees. One, reportedly excellent example of a grantee’s approach to monitoring, following technical support by the Secretariat, was highlighted as a potential model for future funding rounds. The monitoring system will be reviewed and strengthened during Round Four.

The evaluators raised concerns that the number of staff in the Secretariat, compared to the size of the current portfolio and diversity of the projects make it difficult for the Secretariat to provide the level of support and oversight needed. The balance between ‘light touch management’ (encouraged by DFID) and improving oversight and technical support to enable achievement of results and value for money should be reviewed in any future funding round. The capacity building, provided by the Secretariat, particularly in proposal development was found to successful and was highly valued by grantees. The level of resources available for capacity building will be increased during Round Four.

It raised that the SAAF Theory of Change (ToC) was highly aspirational and also too new to evaluate against. The Board agreed and has revised the ToC for Round Four.

The Secretariat has already incorporated many of the recommendations of the evaluation into its operating plan for SAAF Round Four – in particular more support will be provided to grantees at early stages of project design, including to develop robust monitoring processes.

In 2017, a second stage to the evaluation will focus on maximising learning for high performing grantee projects so lessons learnt can be incorporated in future funding rounds. This is being achieved through three in-depth case studies of SAAF projects in different contexts – Palestine, Pakistan and Uganda. These are expected to be reported in autumn 2017.



The grantee from Palestine PFPPA produced a television show aimed at increasing knowledge about abortion
PFPPA/Palestine

CONCLUSION AND NEXT STEPS

The period covered by this annual report, January to December 2016 has been a productive growth period for the Fund. Stretching milestones were established for 2016 and nearly all of them were achieved. Following improvements in the grant management process and increased technical support to grantees implemented in 2015, SAAF continued to support grantees through regular monitoring visits, strengthening financial controls and financial management support, holding technical support webinars and encouraging peer-to-peer learning and network building via the Virtual Community.

Over the past decade SAAF has accumulated a wealth of expertise in managing grants for local organizations. SAAF has an outstanding track record in managing grants; it has proven to be an efficient and cost effective mechanism to reach local organizations. This makes SAAF an effective mechanism for donors to channel funds to local and grassroots organizations avoiding the often high cost of funding these organizations directly.

The 2016 Evaluation found that SAAF has been managed efficiently, with grantees indicating a high level of satisfaction with the support provided by the Secretariat. This assessment is corroborated by DFID in its annual reviews of SAAF's performance, in which SAAF was consistently found to be well managed and to represent good value for money.

With the current round of grants ending in 2017, the next chapter for SAAF is to launch a fourth Round of funding. The future round will incorporate lessons learnt from the previous rounds, including investment in capacity development and on-going strengthening of grant management systems.

In an increasingly challenging environment for the sexual and reproductive health and rights sector, and for abortion work in particular, SAAF is more than ever needed to fill an important gap in the funding architecture.



A service provider at Senegalese grantee Association Sénégalaise pour le Bien-Etre Familial (ASBEF) giving counselling on contraception
SAAF/Hanna Lindley-Jones/Senegal



School volunteers involved in providing information and referrals to their peers as part of the project run by VODA Uganda.
SAAF/Tommy Trenchard/Uganda

BOARD MEMBERS

CHAIR

- **Manuelle Hurwitz**, Senior Adviser Abortion, IPPF

MEMBERS AS OF DECEMBER 2016

- **Camilla Holst Salvesen**, Adviser, Department for Global Health, Education and Research, NORAD
- **Friday Okonofua**, Program Officer, Ford Foundation-West African office [on behalf of International Federation of Gynaecology and Obstetrics (FIGO)]
- **Giselle Carino**, Deputy Director of Programs - Universal Access to Sexual and Reproductive Health, IPPF Western Hemisphere Office
- **Leila Hessini**, Director, Community mobilization and Youth leadership, IPAS
- **Manisha Mehta**, Manisha Mehta Director RR/WR Programs, Wellspring Advisors
- **Marjorie Newman-Williams**, Director of International Operations, Marie Stopes International
- **Monica Oguttu**, Executive Director KMET, Kenya
- **Sandra MacDonagh**, Health Adviser, Sexual and Reproductive Health, AIDS and Reproductive Health Team, DFID
- **Suchitra Dalvie**, Coordinator Asia Safe Abortion Partnership (ASAP)
-

ROUND THREE GRANTEES

Country	Organization	Project Title
Africa		
Benin	Association Béninoise pour la Promotion de la Famille (ABPF)	Prévention des avortements à risque, plaidoyer et offre de services complets d’avortement dans les limites de la loi au Bénin
Botswana	Botswana Family Welfare Association	Building Momentum for Reduction in Maternal Morbidity and Mortality
Burundi	Solidarité des Femmes burundaises pour la Lutte contre le Sida et le Paludisme au Burundi (SFBLSF Burundi)	Bâtir, au Burundi, une société où chaque femme jouit d’une bonne santé sexuelle et reproductive.
Congo, (Brazzaville)	Association Congolaise pour le Bien Etre Familial (ACBEF)	Prise en charge des complications post abortum dans 4 hôpitaux partenaires de l’ACBEF
Congo, (DRC)	CEIFD - SUD KIVU	Projet d’amélioration des conditions de travail et de prise en charge des cas d’avortement des jeunes filles et jeunes femmes auprès des sages-femmes affectés dans les maternités des aires de santé de Kimbi Lulenge en Territoire de Fizi au Sud Kivu en République Démocratique du Congo
Congo, (DRC)	ANONYMOUS	ANONYMOUS
Congo, (DRC)	SOS Femme Et Enfant En Catastrophe	Projet De Création D’un Centre D’encadrement Médical Pour Lutter Contre Les Grossesse, Les Avortements clandestins, La Régularisation des Naissances Et Le Dépistage Volontaire de VIH/Sida
Ethiopia	Family Guidance Association of Ethiopia(FGAE)	Improving access to quality Comprehensive Abortion care & FP services among rural, young women and men in Northern Ethiopia
Ethiopia	Save Your Generation Ethiopia	Safer Reproductive Choices for University Students
Ghana	Global Doctors For Choice - Ghana	Study of Conscientious Refusal to Provide Abortion in Ghana with a Subsequent Plan for Intervention
Ghana	Global Media Foundation (GLOMEF)	Advocating for the mainstreaming of abortion services into the public health system in ghana

Country	Organization	Project Title
Ghana	Sustainable Aid Through Voluntary Establishment (SAVE-GHANA)	Reducing Maternal Mortality Through access to information and Abortion Service in the Upper West Regions of Ghana
Guinea-Bissau	AGUIBEF	Prévention et traitement des complications d'Avortement
Kenya	African Population and Health Research Center, Inc. (APHRC)	Deepening understanding of abortion and post abortion care and improving the provision of modern post-abortion family planning to adolescent women in Kenya
Kenya	ANMA-Kenya	Increasing access to Medical Abortion Drugs and Information through Pharmacies, Service Providers and Women in Kenya
Kenya	ANONYMOUS	ANONYMOUS
Kenya	Kisumu Medical & Education Trust (KMET).	Tetea Uzazi Salama (tus)- (advocacy for safe abortion services and rights)
Kenya	National Nurses Association Of Kenya	Scaling up advocacy on comprehensive abortion care to nurses and midwives in public institutions
Kenya	ANONYMOUS	ANONYMOUS
Kenya	Youth Alliance for Leadership and Development in Africa (YALDA)	Decriminalization of Abortion in Kenya: New Dawn Towards Saving Mothers’ Lives
Mozambique	Women in Law in Southern Africa	From Policy to Action: Expanding Safe Abortion Access in Mozambique
Nigeria	G I W Y N	Advocacy and abortion stigma in Nigeria (A S T I N)
Nigeria	Women Friendly Initiative (WFI)	Strengthening community-provider partnerships for increased access to Safe Abortion (SA) and Post Abortion Care (PAC) services in Federal Capital Territory (FCT), Nigeria
Nigeria	Women’s Health and Action Research Centre (WHARC)	Building capacity for task shifting on medication abortion care in Nigeria
Senegal	Association Sénégalaise pour le Bien-Etre Familial (ASBEF)	Plaidoyer-Recherche et Soins Après Avortement (PRSAA)
South Africa	Women’s Health Research Unit University of Cape Town	Using a low sensitivity urine pregnancy test combined with support SMSs and a self-assessment as an alternative to a follow-up clinic visit after medical abortion
Sudan	ANONYMOUS	ANONYMOUS
Sudan	Sudan Family Planning Association	Incomplete Abortion Care

Country	Organization	Project Title
Swaziland	Family Life Association of Swaziland (FLAS)	Lilungelo Ngelakho (The choice is yours)
Tanzania	Marie Stopes Tanzania	Reducing barriers to accessing comprehensive post-abortion care services for vulnerable young women in Zanzibar, Tanzania
Tanzania	WOMEN’S PROMOTION CENTRE (WPC)	Tanzania Safe Abortion Advocacy Project (TSAAP)
Uganda	CENTER FOR HEALTH, HUMAN RIGHTS AND DEVELOPMENT (CEHURD)	Clarifying Uganda’s Legal and Policy Environment on Abortion (CUL-PA)
Uganda	Kyetume Community Based Health Care Programme	Emergency Post Abortion Care (EPAC) Project
Uganda	Lady Mermaid’s Bureau	Night mobile forums in 8 Cities and 3 border towns of Uganda aiming to reduce the rampant engagement of life threatening local abortion procedures among sex workers together with know-how safety information kits, study on the problem and advocating for post abortion reprieve at local councils level.
Uganda	Reproductive Health Uganda (RHU)	Responding to Unsafe Abortion in Uganda (RESPOND Project)
Uganda	TUSITUKIREWAMU GROUP	Better Reproductive Health, Better Communities project
Uganda	Volunteers for Development Association in Uganda (VODA Uganda)	Strengthening Community Response against Unsafe Abortion (SCORE Unsafe Abortion)
Zambia	Planned Parenthood Association of Zambia	Reproductive Rights for All! Providing comprehensive abortion care information and services to save lives in Zambia
Asia and Pacific		
Bangladesh	Association for Prevention of Septic Abortion, Bangladesh(BAPSA)	Public Private Partnership for improving the quality of MR and PAC services in one Upazila of a Selected District of Bangladesh.
Bangladesh	Bangladesh Women’s Health Coalition (BWHC)	Scale Up of Preventing Unsafe Abortion in Selected Areas of Bangladesh
Bangladesh	Family Planning Association of Bangladesh (FPAB)	Enhance Access to Safe MR Service to marginalized women in rural areas in Bangladesh
Bangladesh	Marie Stopes Bangladesh	A Harm Reduction Approach to Improve Access to MRM through selected pharmacies in 2 districts (Sylhet, Chittagong) of Bangladesh (MRM = Menstrual Regulation through Medication akin to Medical Abortion)
Bangladesh	Reproductive Health Services, Training and Education Program (RHSTEP)	Access to Safe MR and Reproductive health for Youths and Adolescents (ASRYA)

Country	Organization	Project Title
Bangladesh	Research, Training and Management (RTM) International	Establish Linkage Between Community and Facility to Reduce the Incidence of Unsafe MR in Selected Areas of Bangladesh
Bangladesh	Shimantik	(Integration Menstrual Regulation (MR) and Post Abortion Care (PAC) in Mother & Child Clinic of Shimantik
Cambodia	Reproductive Health Association of Cambodia (RHAC)	Improving Access to Safe Abortion Among Poor and Vulnerable Population
India	Creating Resources for Empowerment in Action (CREA)	Abortion, Gender and Rights Institute for Activists, Practitioners and Service Providers to Improve Access to Safe Abortion
India	SAMYAK	Improved Access to Safe Abortion Services in the context of Sex Selection using the updated WHO Safe Abortion Guidance for training Heath care providers
Indonesia	ANONYMOUS	ANONYMOUS
Indonesia	IPPA Yogyakarta Chapter	Breaking The Silence: Improving access to safe abortion for vulnerable women who have experienced rape in Yogyakarta province, Indonesia
Indonesia	SAMSARA	Safe Abortion Hotline in Indonesia
Malaysia	RRAAM	Support of research, advocacy and the development of advocacy materials related to unsafe abortion in Malaysia
Mongolia	Mongolian Family Welfare Association (MFWA)	Provision of comprehensive abortion care through MFWA’s three static clinics and increase accessibility of safe abortion services to vulnerable women and young girls
Nepal	Action Works Nepal (AWON)	Increase access to safe abortion and to Family planning for 5’687 women in remote, uncovered and underserved areas in the Karnali Region-Nepal
Nepal	CREHPA	Breaking the Barriers: Marginalized Women and Girls access safe abortion information and services in Nepal
Nepal	ANONYMOUS	ANONYMOUS
Nepal	Healthy Society and Environment Protection Center (HSEPC)	Safe Comprehensive Abortion Care (SCAC) Project
Nepal	Sunaulo Pariwar Nepal	Transforming Access to Safe Medical Abortion in Nepal - Piloting a franchise model to inform and secure policy change

Country	Organization	Project Title
Nepal	ANONYMOUS	ANONYMOUS
Pakistan	Aahung	Institutionalizing Safe Abortion Services
Pakistan	Peace Foundation	Reducing unsafe abortions in sindh using innovative strategies: hotlines, mobile clinic and mhealth
Pakistan	Shirkat Gah	Fighting the Stigma Through Champions: Addressing Unsafe Abortion in Pakistan
Papua New Guinea	ANONYMOUS	ANONYMOUS
Thailand	Concept Foundation	Extension Phase of the Introduction of the Medical Termination of Pregnancy in Health Service Systems, Thailand
Thailand	Mae Tao Clinic	Safe Abortion Referral and Harm Reduction Among Burmese Migrants and Ethnic Minorities in Two Areas Along the Thai/Burma Border
Vanuatu	Vanuatu Family Health Association [VFHA]	Promoting the right to quality Sexual and Reproductive Health in Vanuatu
Vietnam	Centre for Community Reproductive Health in Vietnam (VNCRH)	Increasing access to Comprehensive Abortion Care for young female migrant workers through the establishment of a Reproductive Health Centre in the Tan Tao industrial area of Ho Chi Minh city, Vietnam
Vietnam	Institute for Reproductive and Family Health (RaFH)	Promoting comprehensive safe abortion action for Youth and Adolescents in Vietnam in Hanoi and Hoa Binh city
Vietnam	Vietnam Family Planning Association	Enhance capacity in implementing and quality of safe abortion services providing
Eastern Europe and Central Asia		
Kyrgyzstan	ANONYMOUS	ANONYMOUS
Kyrgyzstan	ANONYMOUS	ANONYMOUS
Moldova, (Republic of)	Reproductive Health Training Centre (RHTC)	Increasing the quality of abortion care within a comprehensive package of reproductive health services in Transnistria - the post-conflict area of the Republic of Moldova
Moldova, (Republic of)	Reproductive Health Training Centre (RHTC)	Increasing the quality of abortion care within a comprehensive package of reproductive health services in Transnistria - the post-conflict area of the Republic of Moldova
Tajikistan	Tajik Family Planning Alliance (TFPA)	Population are aware about Safe abortions and able to request the qualitative services

Country	Organization	Project Title
Latin America and Caribbean		
Argentina	Catolicas Por el Derecho a Decidir (CDD)	Estrategias para mejorar el acceso de mujeres y niñas al aborto no punible en Argentina
Argentina	CEDES	Tejiendo redes: estrategias para mejorar el acceso al aborto legal para mujeres víctimas de violencia en Argentina
Bolivia	Asociación Católicas Por El Derecho A Decidir-Bolivia	Legitimando el debate sobre los derechos sexuales, derechos reproductivos y el derecho a decidir: una contribución a la generacion de normativa jurídica que garantice su ejercicio.
Bolivia	Asociación Médica Privada Voluntaria “Wiñay”	Ejerciendo nuestros Derechos sexuales y Derechos reproductivos
Bolivia	Colectivo Rebeldía	Garantizando el aborto legal, seguro y efectivo en el marco más amplio posible de la salud y los derechos sexuales y reproductivos que reconoce la Nueva Constitución Política del Estado Plurinacional de Bolivia
Chile	Línea Aborto Chile	Circuito Promocional de Aborto Seguro y Salud Sexual de las Mujeres
Colombia	Fundación Unidad de Orientación y Asistencia Materna - Oriéntame	Estrategias de acceso a servicios de aborto seguro y restitución de derechos sexuales y reproductivos a mujeres víctimas del conflicto armado en Colombia
El Salvador	Colectiva Feminista y Agrupacion	Por la despenalización del aborto en El Salvador
Guatemala	ANONYMOUS	ANONYMOUS
Guatemala	Centro de Investigación Epidemiológica en Salud Sexual y Reproductiva	Implementación del Cuidado de la Atención PostAborto en el primer nivel de atención de salud en población indígena, rural y pobre del norte de Guatemala.
Haiti	Initiative pour un Développement Equitable en Haïti (IDEH)	Promotion de la santé sexuelle et reproductive et de l’avortement sécurisé
Mexico	Balance Promoción para el Desarrollo y Juventud AC	Fondo de Aborto para la Justicia Social MARIA
Mexico	Semillas - Sociedad Mexicana Pro Derechos de la Mujer, A.C.	Promoting the use of anti-contraceptive methods and access to safe abortion in marginalized, indigenous communities in Mexico.
Peru	Asociacion Familia Sana	Ampliacion de servicios de prevencion de aborto y servicios de aborto seguro para la poblacion indigena de cajamarca, peru
Peru	Centro de la Mujer Peruana Flora Tristán	Despenalización del aborto en casos de violación: Cuestión de derecho, cuestión de vida

Country	Organization	Project Title
Peru	Centro de Promoción y Defensa de los Derechos Sexuales y Reproductivos - PROMSEX	Acceso al aborto legal y seguro en el Perú: Reduciendo el estigma y fortaleciendo el debate
Saint Lucia	St. Lucia Planned Parenthood Association	Real Options Project
Uruguay	Centro de Comunicación Virginia Woolf (Cotidiano Mujer)	Red de vigilancia de las mujeres para la implementación de la Ley de Interrupción Voluntaria del EmbarazoN° 18.987
Uruguay	MYSU – Mujer y Salud en Uruguay	Acceso a aborto seguro en uruguay y defensa de la salud y los derechos sexuales y reproductivos
Venezuela	Asociación Civil de Planificación Familiar - PLAFAM	Programa de Reducción de riesgos y daños de PLAFAM Los Teques en el Estado Miranda
North Africa and Middle East		
ANONYMOUS	ANONYMOUS	ANONYMOUS
ANONYMOUS	ANONYMOUS	ANONYMOUS
Palestine	Palestinian Family Planning Protection Association (PFPPA)	Together we stand to empower women's right to have access to safe abortion services and information.
Multi-Country		
Kenya, Uganda	Women’s Global Network for Reproductive Rights (WGNRR)	Abortion Advocacy and Campaign Project – ACCP (Phase Two)
Ecuador, Guatemala	ANONYMOUS	Implementando y ampliando el acceso al aborto seguro en poblaciones vulnerables a través de prestadores de servicios no médicos
Latin America	Consortio Latinoamericano Contra el Aborto Inseguro - CLACAI	Fortaleciendo nexos para ampliar el acceso al aborto seguro en la Región
Africa	African Network for Medical Abortion (ANMA)	Enhancing access to information and services on medical abortion to women, including young and vulnerable women in Kenya, Ethiopia, Ghana, Zambia and Uganda
Asia	Asia Safe Abortion Partnership	Creating Youth Champions as advocates for safe abortion

SAAF LOGFRAME 2013 - 2017

PROJECT TITLE	Safe Abortion Action Fund Round Three 2013- 2017								
Goal	Indicator	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target		
Reduce maternal mortality and improve women’s and girls’ lives through increased access to comprehensive safe abortion and post abortion care services, and prevention of unwanted pregnancies, especially for poor, young and otherwise vulnerable women and girls	% of maternal deaths due to unsafe abortion in SAAF funded regions (NB: wider SAAF evaluation framework will measure improvement in lives)	Africa 14%							
		Asia 12%							
		LAC 12%							
		Source							
		WHO unsafe abortion estimates Baseline figures listed are for 2008 estimates (published in 2011); WHI currently (2015) working on updated data with new methodology							

OUTCOME	Indicator	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	Assumptions
Improved enabling environment for safe abortion and post-abortion care	O1. Number of countries where new steps have been taken towards improved legislation, policy and services	0	17	18	17	6	22	Absence of natural disasters or security threats/conflict in countries/localities where projects funded
		Source						
		Six monthly reports from grantees SAAF external evaluation (n=28 grantees) Milestones are cumulative						
	O2. Number of women and girls receiving quality clinical abortion services (disaggregated by age: a) 19 and under and b) 20 and over)	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	
		0	41,580	68,357	56,619	8,076	174,631	
		0	a) 10,757	a) 18,264	a) 16,920	a) 2,656	a) 48,597	
		0	b) 30,823	b) 50,093	b) 39,699	b) 5,420	b) 126,034	
		Source						
		Six monthly reports from grantees (n=63 grantees)						

OUTPUT 1 - Advocacy & awareness raising	Indicator	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	Assumptions
Locally led advocacy initiatives to increase public visibility and debate of abortion-related issues	A1. Number of SAAF grantees leading a coalition with a shared position on approach to abortion law or policy reform	0	8	8	5	3	8	National institutional/legal framework permits NGO advocacy activities
		Source						
		Six monthly reports from grantees (n=8 for this indicator) Milestones are cumulative						
	A2. Number of SAAF grantees newly engaging different groups in advocacy and awareness raising activities (disaggregated by type of group)	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	
		0	53	53	34	16	55	
Source								
Six monthly reports from grantees, SAAF external evaluation (n=55 grantees) Milestones are cumulative								
Impact weighting	A3. Number of publically visible statements in support of safe abortion attributable to SAAF grantees	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	RISK RATING
25%		0	564	951	822	161	2498	
		Source						Medium
Six monthly reports from grantees (n=38 grantees)								

****Target i) is the average throughout the project life, while target ii) is the latest achievement**

OUTPUT 3 - Services	Indicator	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	Assumptions
Local initiatives improve access to comprehensive safe abortion and post abortion care services, especially for young women and girls	S1. Number of clients receiving quality counselling on abortion and related services	0	62,843	110,208	74,601	14,163	261,815	
		Source						
		Six monthly reports from grantees (n=47 grantees)						
	S2. Number of service providers trained in safer abortion technologies and techniques	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	
		0	1,386	1,570	885	159	4,000	
Source						Risk Rating		
Six monthly reports from grantees (n=47 grantees)								
IMPACT WEIGHTING								Medium
25%	S3. Number of service points providing quality abortion services	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	
		0	413	624	490	15	1,542	
		Source						
		Six monthly reports from grantees (n=56 grantees)						

OUTPUT 4 - Management	Indicator	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	Assumptions	
SAAF grants are efficiently managed and grantees supported	M1. Proportion of SAAF project funding a) disbursed to and b) expended by grantees	0	a) 45%	a) 80%	a) 97%	a) 97%	a) 97%	IPPF continues to host SAAF	
		0	b) 28%	b) 66%	b) 88%	b) 95%	b) 95%		
		Source							
		SAAF secretariat financial records							
	M2. Proportion of grantee reports received on time and complete	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target		
		80%	80%	85%	90%	95%	i) 87%* ii) 95%*		
									Risk Rating
		SAAF project records (connect site)							
	IMPACT WEIGHTING								
	30%	M3. Number of discussions on SAAF virtual community resulting in 10 or more responses	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	Low
0			6	12	12	12	42		
Source									
SAAF virtual community usage statistics									

OUTPUT 4 - Management	Indicator	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	Assumptions	
SAAF grants are efficiently managed and grantees supported	M4. Proportion of SAAF grantees reporting satisfaction with support provided by SAAF secretariat	N/A (not asked)	80%	85%	90%	95%	i) 87%* ii) 95%*		
		Source							
		SAAF grantees reports							
	M5. Proportion of overall SAAF funds expended for fund operating costs	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target		
		10%	10%	10%	10%	10%	10%		
		Source							Risk Rating
		SAAF financial records							
		IMPACT WEIGHTING							
	30%								

*Target i) is the average throughout the project life, while target ii) is the latest achievement

COST DRIVERS

Actions to manage costs at the secretariat level

Key costs & % of budget	Actions to manage costs, improve financial performance and ensure VfM
GRANTS TO PROJECTS 85.8% OF TOTAL BUDGET AT SECRETARIAT LEVEL ROBUST SYSTEMS ARE IN PLACE TO DRIVE VFM.	Comprehensive Project Management Systems at SAAF secretariat level: • Competitive application process. • Set templates for applications including budget presentation and clarity on additional documentation required including previous audit reports. • Grant selection recommendations are made to the SAAF Board by an independent Technical Review Panel (TRP) made up of regional experts who review/assess applications against criteria set by the Board. During Round 3 scrutiny of financial aspects of applications has been strengthened. • Accepted grantees are provided support to develop a full proposal including project level objectives, indicators and targets that link to the overall logical framework. Building on lessons learnt during Round 3 and findings of the independent evaluation this will be further strengthened for Round 4. • Grantees report each 6 months using individualised reporting templates (narrative, financial and indicator) provided by the SAAF secretariat. These are being reviewed for Round 4. • Tailored support to grantees – including feedback on reports; direction to tools as required (e.g. online financial management tools) and webinars on issues of relevance to groups of grantees. For example in 2016 two webinars focusing on financial management were conducted. • Monitoring and support visits are organised (over half of all grantees – 52 in 21 countries had visits during Round 3. Emphasis on monitoring and supporting grantee financial management has increased during Round 3. Choice of grantees to visit is informed by the programme performance dashboard. Based on initial assessment during application process and reviews of grantee reports, the Secretariat has a colour coded-assessment system of grantee performance. Those where there is concern are easily identified and visited as priority. • New tools to monitor and support improvements and learning in specific areas of intervention have been developed and applied during Round 3 e.g. the development of the quality of care checklist for grantee self-assessment. • Underperformance and financial mismanagement is dealt with swiftly and firmly – seven projects have been terminated during Round 3.

Key costs & % of budget	Actions to manage costs, improve financial performance and ensure VfM
FUND ADMINISTRATION COST 8.7% OF TOTAL BUDGET: OPERATING COSTS OF 4% AND 4.7% OVERHEAD CHARGED BY IPPF (HOST TO THE SECRETARIAT) ON TOTAL EXPENDITURE. KEY COST DRIVER OF REMAINING IS SECRETARIAT STAFF SALARIES.	SAAF staff are employed by IPPF, which is committed to bench-marking salaries with the UK not-for-profit sector. To attract and maintain high quality staff IPPF maintains salary remuneration in the upper quartile of this sector. IPPF’s internal salary scale hierarchy is arrived at through job evaluation and remuneration is limited within rank salary grads. Annual salary increase is based on performance related pay and if/when awarded on cost of living award (guided by the March Retail Price Index). SAAF follows the IPPF Managers Guide for Commissioning Additional Resources when short-term specialist expertise or additional help is needed. This includes: • Requirement to assess the most cost-effective option for a particular piece of work (e.g. temporary staff, consultant, short-term contract); • Following a transparent tender process with terms of reference, clear deliverables and timeframe when hiring consultants; and • Using a set consultant fees grid provided by HR which is bench-marked against the current market.
GRANTEE TECHNICAL ASSISTANCE AND MONITORING AND EVALUATION 5.1% OF TOTAL BUDGET, MAJOR COST DRIVERS TRAVEL & ACCOMMODATION COSTS, AND CONSULTANCY COSTS FOR THE EXTERNAL EVALUATION	SAAF staff follow IPPF Travel Risk and Control policy and Travel procedures when travelling. This includes: 1. Need to anticipate travel in advance to access cheaper fares; 2. Use of agreed IPPF travel agents to access discounted charity fares (economy) and also procure online quotes; 3. That accommodation should be comfortable but not luxurious; and 4. Use of the local IPPF Member association to access local discounted rates. Note it is recommended that the level of funds allocated for grantee technical assistance is increased in future funding rounds. This may also require an increase in secretariat staffing.

RISKS

Impact weights and mitigation strategies

Identification of internal risk factors	Rank	Handling of identified risk
FRAUD AND FINANCIAL MISMANAGEMENT: SAAF funds are not used for their intended purpose by SAAF grantees and the SAAF secretariat	MEDIUM PROBABILITY, LOW IMPACT	• SAAF is hosted by IPPF which has established financial control mechanisms, including a Fraud Response Strategy. The SAAF secretariat has dedicated finance support, which was increased during Round 3 reflect the increased number of SAAF grantees funded in round three. SAAF is included within the annual external financial audit of IPPF, and a specific audit of the SAAF secretariat management of SAAF funds will be conducted at the end of each round of funding. • SAAF monitors use of funds by grantees through several mechanisms: • Assessment of funding applications: including review of external financial audits (where available) or other financial document; reviews of proposals conducted by experts familiar with many of the organizations seeking funding; assessment of financial viability of proposals and review of reference letter from current donors/partners. The audit firm and referee will be contacted by phone to assess their very existence and credibility. • Creation of a risk rating system with every single short-listed organization: a tiers system with low-risk, medium-risk and high-risk applicant organization (e.g. for the small organization with no reference and no audited accounts) that will indicate which organizations should be assessed/visited in priority. • Regular project reporting: grantees are required to report their progress including spending every six months. Failure to comply with reporting requirements can result in suspension of project. Grantee performance on each report is categorized by the SAAF secretariat, with those judged as performing poorly (both poor activity implementation and/or poor reporting) receiving increased supervision (monitoring visits and spot checks; see below) • Grantee monitoring visits: the SAAF Secretariat visits a subset of grantees each year, with visits including review of financial management systems. • ‘Spot’ checks of payments: Grantees are asked to provide documentation of payments where financial reporting is unclear or problematic (e.g. spending reported exactly matched budget for all expenses). 10% of grantees are spot checked after each reporting period as well as doing checks of any grantees rated ‘red’ (very poor project implementation or presenting financial risks during reporting reviews). • Requirement for annual audit: all grantees are required to complete an annual external financial audit and submit the results to the SAAF secretariat. Grantees are encouraged to include the cost of this audit within their project budgets. • Modification of payment schedules: If the SAAF secretariat assess a grantee as particularly risky (based on organizational knowledge or history) then the payment schedule to that grantee will be modified so less than 90% of the next year’s budget will be released at the beginning of each project year, with the remainder released following completion of agreed milestones and/or subsequent reports. • The SAAF Secretariat also provides support to grantees to improve their financial management e.g. through webinars for programme and financial staff and sharing of resources. SAAF is included within the annual external financial audit of IPPF, and a specific audit of the SAAF secretariat management of SAAF funds is conducted at the end of each round of funding.

Identification of internal risk factors	Rank	Handling of identified risk
SECRETARIAT CAPACITY: The SAAF Secretariat is unable to appropriately manage the SAAF portfolio, including oversight and monitoring of projects and coordination of technical support to grantees, and engagement with SAAF donors	LOW PROBABILITY, HIGH IMPACT	• The SAAF host organization, IPPF, regularly reviews the activities and workload of the SAAF secretariat to ensure adequate staff capacity is in place to manage the SAAF portfolio of activities. • During 2014 the SAAF secretariat has created new systems to streamline grantee reporting, strengthened in 2015 ,including: • Ensuring project indicators align with the redeveloped SAAF logframe before projects commence • Developing more structured reporting templates, including consolidating all six monthly reports for the same grantee within the same file over the life of the project • Standardising the process for report reviews and grantee monitoring visits • Developing a database to aggregate individual project achievements against the overall SAAF logframe • Creating a grantee performance dashboard aggregating programmatic, financial and due diligence information to quickly assess performance and flag problematic grantees
GROWING OPPOSITION: Hard line movements and initiatives in opposition to women’s and girl’s rights gain greater momentum and introduce language at the international level which further limits access to safe abortion services	HIGH PROBABILITY, MEDIUM POTENTIAL IMPACT TO SAAF OVERALL BUT HIGH IN INDIVIDUAL SETTINGS	The SAAF board and secretariat monitor this risk through: • Participation in relevant fora (e.g. international conferences, mailing lists, expert meetings, networks) • Reports from grantees, both in the regular reporting (round three reports contain a specific place to report anti-choice activity) and ad-hoc communications from grantees during visits, emails and on the virtual community • This risk is mitigated by the SAAF board and secretariat individually through: • Input into national and international consultations • Proactive and reactive contributions to media • Regular promotion and publication of activities highlighting the importance of access to safe abortion • Ongoing interactions with regional and international networks • Facilitating sharing of strategies between grantees through hosting of virtual community and grantee meetings • Grantees also monitor and mitigate, as appropriate, at project level.

Identification of internal risk factors	Rank	Handling of identified risk
FUNDING FOR ABORTION RELATED WORK: Limited number of governments able and willing to fund safe abortion/prevention of unsafe abortion and thus limited number of projects able to be funded by SAAF	MEDIUM PROBABILITY, MEDIUM POTENTIAL IMPACT	• SAAF board and secretariat activities to mitigate decreased funding include: • SAAF secretariat ongoing communication with current donors • Proactive communication with potential donors (e.g. sharing of annual reports with potential donors, discussion between current and potential donors, sharing of key outputs with potential donors e.g. SAAF logframe, SAAF theory of change, and evaluation framework) • Building capacity of SAAF grantees in proposal preparation and project management, and sharing of available opportunities, so that grantees are better positioned to obtain funding directly (from both national and international sources)
CHANGES IN COUNTRY CONTEXTS: Country context changes such as conflict or change of government negatively affect individual project implementation and results, ultimately leading to SAAF not achieving its intended overall results as articulated in the SAAF Theory of Change and logframe	MEDIUM PROBABILITY, LOW POTENTIAL IMPACT ACROSS SAAF PORTFOLIO BUT HIGH IN INDIVIDUAL SETTINGS	• This risk cannot be changed by the SAAF board and secretariat but the spread of SAAF funding across multiple projects and countries reduces impact of this risk overall. • All SAAF grantees are required to include a risk management strategy within their proposals that include risks associated with their local operating context. Regular reporting by grantees on progress to the SAAF secretariat enables timely notification of changes to planned programming when necessary.