



SAAF
Safe Abortion Action Fund

ANNUAL REPORT



2017

SAAF ANNUAL REPORT 2017

In 2017 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 (Maité Matos-Ichaso, Hanna Lindley-Jones, André Deponti and Luis Gonzales) and the chair of the SAAF Board (Manuelle Hurwitz) in July – August 2018.

The data in the report covers Round Three of the fund from January 2014 – April 2018 and the actions of the Secretariat from January – December 2017.

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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.

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

2017 was a very exciting year for the Fund, with the end of most projects from Round Three of the Fund and the launch of Round Four after just over ten years of operation. So much has happened since it was launched in 2006, from a simple financial mechanism, SAAF has become an established grant making mechanism that targets and supports local organizations globally.

SAAF is unique as a funding mechanism because it focuses solely on abortion and supports a diverse range of programmatic areas; mainly service delivery but also advocacy, research and awareness raising.

SAAF is distinct because it provides tailored capacity building to its grantees, including project management, technical programmatic skills and financial controls.

SAAF is supportive because it creates a safe space for like-minded organizations working on a sensitive issue to integrate their work into the wider global health and rights communities.

This annual report details the activities of SAAF from January to December 2017 with an overview of the achievements from the entire round three of the fund from 2014-2017. It opens with an analysis of performance of the Round Three 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 care and number of healthcare providers trained in safer abortion technologies and techniques.

The report then highlights the continued importance of monitoring and evaluation and presents the results of the external evaluation conducted between 2015 and 2017.

An important component of SAAF is the support provided to the partner organizations. The following section highlights how the Secretariat has continued to support grantees through monitoring and support visits, online webinars and the virtual community.

The key lessons from Round Three implementation are then presented and we highlight how those have been included into the systems and processes of Round Four, which links nicely to the launch of the new Round Four.

The SAAF communication strategy has been further developed and we provide examples of the impact it already has on the visibility of the Fund.

Finally the fund governance and management section focuses both on the strengthening of the governance via a new call for Board Members, and on the results of fund management, including systems and processes to ensure value-for-money as well as financial management.

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 2017

- **Maïté Matos Ichaso** – Head
- **André Deponti** – Senior Programme Adviser
- **Hanna Lindley-Jones** – Programme Adviser
- **Shreena Patel** – Programme Adviser
- **Luis Gonzalez** – Financial Management Adviser
- **Ebba Joahannes-Gandiwa** - Financial Management Adviser



ROUND THREE BACKGROUND (2014-2018)

A call for concept notes was launched in March 2013 and 176 concept notes from 67 countries were received. NGOs from countries included in the OECD Development Assistance Committee list for official development assistance were eligible to apply for projects involving the promotion of safe abortion and/or prevention of unsafe abortion.

Essential funding criteria included addressing the needs of the poor, vulnerable or hard to reach, and sowing 'the seeds of change', building capacity and working within a broader sexual and reproductive health and rights context. Projects from poor countries, operating in restrictive environments, using innovative means to addressing barriers, and being 'catalysts' for change were prioritised.

Applicants could apply for up to USD \$160,000 over a maximum of three years with the primary recipient being a local/national organization.

All eligible concept notes were assessed by two reviewers from an external Technical Review Panel of experts.

Based on available funding, 113 organizations were then invited to submit a full proposal and 106 did so. These applications were reviewed by the SAAF secretariat and by consultants, with the expectation that projects would start between November 2013 and March 2014.

Following review, **104** projects were successful in receiving grant agreements. Due to the high number of grantees supported, the Secretariat organized the project start dates into four staggered waves:

- **Wave 1** = 33 projects in 21 countries started in January 2014
- **Wave 2** = 44 projects in 30 countries started in April 2014
- **Wave 3** = 23 projects in 19 countries started in July 2014 and
- **Wave 4** = the remaining 4 projects started in 4 countries in October 2014

The full list of organizations supported with the titles of their projects can be found in Annex 2.

ROUND THREE PERFORMANCE

The overall results were very good with twelve out of the fifteen indicators having reached or exceeded their anticipated targets (a target is considered reached when the result is within at least five per cent of the expected target) and only three indicators having results which were lower than anticipated.

Figure 1: SAAF Programme Round Three results vs. targets (Jan 2014 to April 2018)

Indicator	Targets for Jan 14- Apr 2018	Results Jan 14-Apr 18	% From milestone
Outcome 1 - Number of countries where new steps have been taken towards improved legislation, policy and services	22	20	91%
Outcome 2 - Number of women and girls receiving quality clinical abortion services (disaggregated by age)	173,895	178,310	103%
Outcome 2a - Aged 19 and under	46,319	46,356	100%
Outcome 2b - Aged 20 and over	127,576	131,954	103%
Outcome 3 - Proportion of women and girls in receipt of quality clinical abortion services voluntarily adopting a modern method of contraception	74%	69%	93%
Outcome 3a - Proportion of short-term methods	69%	67%	98%
Outcome 3b - Proportion of long-term methods	31%	33%	105%
Advocacy 1 - Number of SAAF grantees leading a coalition with a shared position on approach to abortion law or policy reform	8	8	100%
Advocacy 2 - Number of SAAF grantees newly engaging different groups in advocacy and awareness related activities	56	53	95%
Advocacy 3 - Number of publicly visible statements in support of abortion attributable to SAAF grantees	2,558	3,581	140%
Evidence 1 - Number of new studies initiated	29	29	100%
Evidence 2 - Number of knowledge dissemination activities conducted	139	176	126%
Services 1 - Number of clients receiving quality counselling on abortion and related services	450,492	494,799	110%
Services 2 - Number of service providers trained in safer abortion technologies and techniques	4,292	4,750	111%
Services 3 - Number of service points providing quality abortion services	1,637	1,525	93%

ROUND THREE ACHIEVEMENTS 2014-2017



ADVOCACY RESULTS

NEW STEPS HAVE BEEN TAKEN TOWARDS IMPROVED LEGISLATION, POLICY AND SERVICES IN 20 COUNTRIES.

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 during Round Three previous achievements were stalled.

One of the most successful examples of legal and policy change success from Round Three was the project run by **Women in Law Southern African – Mozambique** in partnership with Pathfinder which was extremely successful in working with a wider national coalition to not only change the law on abortion in Mozambique early on in the project but also help design and edit national standards and guidelines for safe abortion care under the new law. Following effective advocacy by the project the standards were approved by the ministry of health by the end of the project in September 2016.

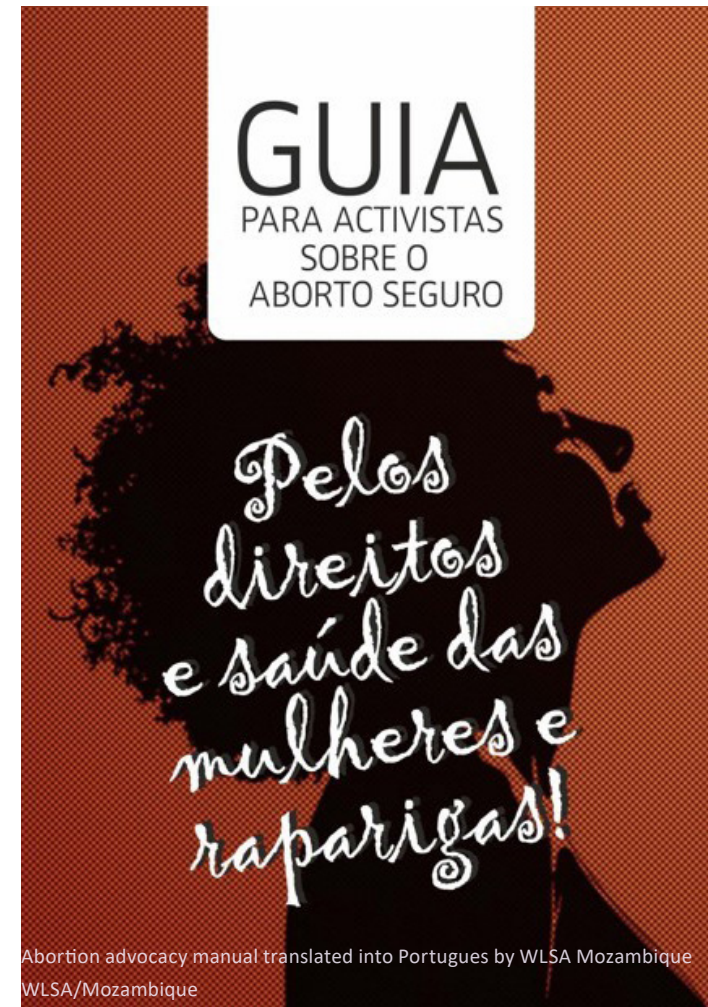
Through the project's support of the national coalition and technical support to the ministry of Health, the coalition was able to influence the updated standards of practice and other regulations.

The coalition were able to ensure the inclusion of some key elements in the standards of practice:

- Recognition of medical abortion as a relevant method for safe abortion
- Extended access to safe abortion care within the district level
- Task sharing to support increased access to safe abortion care.

'It is highly appreciated that SAAF has been a long-time supporter of safe abortion in Mozambique in the past and present, even in difficult moments. It has been particularly valuable considering the little support the country has had in this area. This project has been crucial in the advancement of abortion in the country during a key period of change and challenges. Even though it was a small project it has had a high impact. We particularly appreciated the flexibility of SAAF to adapt to changing contexts'

FROM WLSA'S FINAL REPORT



Abortion advocacy manual translated into Portuguese by WLSA Mozambique
WLSA/Mozambique

EIGHT SAAF GRANTEES WERE LEADING A COALITION WITH A SHARED POSITION ON APPROACH TO ABORTION LAW OR POLICY REFORM

Grantees have been active, leading coalitions in seven countries: (**Benin, Kenya, Nigeria, Nepal, Peru, Indonesia** and **Uganda**.)

The **Center for Peruvian Women Flora Tristán** in **Peru** worked tirelessly throughout their project, instigating and supporting regional networks and coalitions as part of the wider national 'Déjala Decidir - Let her decide' campaign calling for the decriminalisation of abortion in cases of rape.

The organization founded and supported **16** local coalitions to strengthen citizen participation of activists, artists and university students. These groups mobilized in virtual and physical spaces to create a mass movement calling for sexual and reproductive rights and were successful in ensuring that the issues began to be discussed at the national level.

By the time of the national elections at the end of their project in June 2016 the topic of decriminalization for abortion became part of the electoral agenda for the first time in 20 years, with presidential and congressional candidates being questioned to establish a position on abortion.



FIFTY-THREE SAAF GRANTEES NEWLY ENGAGED DIFFERENT GROUPS IN ADVOCACY AND AWARENESS RELATED ACTIVITIES

The target was almost achieved, with **53** grantees engaging with different groups in advocacy and awareness raising activities. The type of groups engaged with varied widely depending on context.

One example is from an anonymous grantee in **Lebanon** which worked with marginalized migrant

and refugee women, providing information on sexual and reproductive health (SRH) and abortion in group settings throughout the project. They reached 341 women during the project with an average of 85% increase in knowledge of SRH issues following the training.

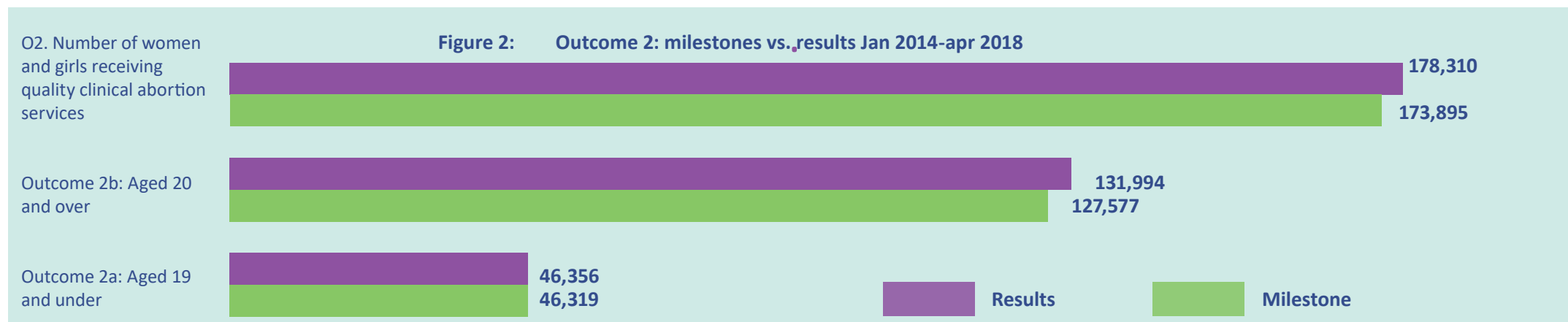
MORE THAN **3,000** PUBLICLY VISIBLE STATEMENTS IN SUPPORT OF ABORTION WERE ATTRIBUTABLE TO SAAF GRANTEES

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 from **Global Media Foundation (GLOMEF)** in **Ghana** who trained journalists and media professionals in order to highlight the need for non-stigmatizing and accurate information about safe abortion. Through this training the journalists made over 200 public pronouncements in support of safe abortion.

"I was against promoting the safe abortion campaign because my thinking was that it is a sin with much stigma attached to it, but my thinking changed after I attended a training programme by GLOMEF. Now I have seen the need to give prominence to safe abortion stories. It is a very good initiative by SAAF/ GLOMEF and I pledged my media house would be doing more publications to support this cause"

NEWSPAPER EDITOR TRAINED BY GLOMEF

SERVICE DELIVERY RESULTS



131,954 WOMEN OVER 20, AND 46,356 GIRLS 19 AND UNDER, RECEIVED QUALITY CLINICAL ABORTION SERVICES

Between January 2014 and April 2018, **178,310** women and girls received quality clinical abortion care – treatment for incomplete abortion or comprehensive abortion care (CAC) (**103%** of target). Age disaggregated data shows that **26% of the clients (46,356) were aged 19 or younger**. These figures do not include women and girls referred for clinical services via SAAF funded hotlines due to difficulty in tracking such data.

Kyetume in Uganda was able to increase their support to young people by **15%** during the course of their project by working closely with youth groups and schools, highlighting the needs of young people and ensured that their services are non-judgemental

and youth friendly. In 2017 the organization started working in a new district, identifying service delivery points and training new providers in values clarification and technical service provision. They also set up new school sexual health and rights clubs and trained new community volunteers. These activities all proved successful and more young women were able to access care in this new district.

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

“After having an unsafe abortion at home as a result of an unwanted pregnancy in school, I lost a lot of blood. I was rushed to the health centre by my aunt where we were given help. I have since taken up a contraceptive method and I am almost completing my vocational studies”

A CLIENT WHO RECEIVED CARE FOLLOWING KYETUME'S INTERVENTION

environments. They also introduced peer-to-peer support, encouraging the young people that they interacted with to contact the organization should they require any information or care.

SIXTY-NINE PER CENT OF WOMEN AND GIRLS IN RECEIPT OF QUALITY CLINICAL ABORTION SERVICES VOLUNTARILY ADOPTED A MODERN METHOD OF CONTRACEPTION

Over the course of Round Three the post-abortion contraception uptake was an average of **69%**. It is slightly below the ambitious target of 74%. However,

throughout the implementation of this round, voluntary uptake of modern contraception increased from **55%** in 2014, **70%** in 2015 to **72%** in 2016. This is a very positive achievement when compared against an uptake of only 27% at the beginning of Round Three.

The proportion of long-term methods was **33%** and this figure has remained stable over the last few years.

This uptake of long-acting modern contraceptive methods chosen is a significant achievement that is likely to enable women and girls to avoid repeat unintended pregnancy.

One positive example of improvements in post-abortion contraception provision, particularly with long-acting methods, was shown by the **KMET** project in Western **Kenya**. Although they started their Round Three project with high post-abortion contraception uptake of **83%** following a successful Round Two project, through improved training of providers on how to counsel on, and insert, long-acting methods, the uptake of post-abortion contraception increased to **88%** by the end of the project.

The organization developed a methodology of community conversations in which issues such as abortion and the benefits of long-acting contraceptive methods were discussed and questions answered by trained facilitators. Due to this, along with provider training, the use of long-acting methods of contraception rose from **51%** at the start of the project to **68%** by the end.

494,799 WOMEN AND GIRLS RECEIVED QUALITY COUNSELLING ON ABORTION AND RELATED SERVICES



Counsellors for Samsara taking counselling women on pregnancy options
SAAF/Banna Lindley Jones/Indonesia

HOTLINES

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.

"Thank you so so much for helping me. You have literally saved my life. I don't know how to thank you, or what I would've done without you".

22 YEAR OLD LEBANESE UNMARRIED WOMAN WHO CALLED A SAAF SUPPORTED HOTLINE IN LEBANON

Over the course of Round Three, **494,799** women and girls received counselling on safe abortion and related services. This result significantly exceeds (110%) the target for the period.

A number of grantees run hotlines of different sizes, one of the most successful is that run by **Samsara** in **Indonesia**. With SAAF as their main supporter, working out of a small office in a suburban house, they have managed to provide quality counselling on pregnancy options, abortion and contraception to over **12,600** people during Round Three, an average of **350** callers per month.

During the project however, increased use of smartphones by the population meant that calls to the hotline started to decrease and the organization decided to diversify how they provided the information. They set up a website with clear non-stigmatizing messaging in Bhasa which saw over **220 thousand** visitors in the two years following its launch in 2016. They also provide information on Instagram and through other social media channels and use WhatsApp for one-to-one counselling alongside the phone calls. Samsara manage to keep the quality of their counselling high by using trained mystery clients and re-training the counsellors if any areas of weakness are identified.

4,750 SERVICE PROVIDERS WERE TRAINED IN SAFER ABORTION TECHNOLOGIES AND TECHNIQUES

One project run by **Aahung** in **Pakistan** focussed specifically on strengthening comprehensive Sexual and Reproductive Health and Rights (SRHR) and Post-Abortion Care (PAC) services in Sindh province by establishing partnerships with select healthcare institutions in urban and semi-urban areas. Aahung developed training for providers on contraception

(including post-abortion and post-partum), medical abortion, emergency contraception and referral for surgical care as part of a comprehensive SRHR service package. It also worked with teaching institutions to integrate comprehensive SRHR education in large hospitals in Sindh. A primary focus area for these interventions was to increase acceptance of client's rights to safe SRHR care, and improve knowledge and attitudes on non-surgical methods for abortion and PAC. Facing many challenges due to staff turn-over and language barriers, Aahung were successful in directly training **271** nurses, community midwives and doctors during the three year period.

Results from their end-line evaluation showed that it was the values clarification elements of the trainings that was most successful and that following the trainings, many of the providers had changed their attitudes greatly.

One midwife who received training under the project said that before the training she held a personal belief that young girls should not be educated on emergency contraception as she thought it held the potential of increasing promiscuity, and that abortion is un-Islamic. However her own views have changed completely and in turn have strengthened her capacity as a healthcare provider. She said she was inspired by the way sexual and reproductive health and rights were taught, as students were made to confront and rationalize their values, and active participation, honest discussion, and freedom to approach instructors with questions was encouraged. Through the course of her training her values transformed completely, and she is now committed to changing the value of others, especially those who don't have access to the education she has had.

1,525 SERVICE POINTS HAVE BEEN PROVIDING QUALITY ABORTION SERVICE

During Round Three grantees began self-assessing the quality of the services they or their partners provided by using a Quality of care Checklist developed by SAAF. 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 care.

Through implementation of projects, the rate of facilities assessed annually that met recommended quality standards increased from **63%** in 2015 to **74%** in 2016 and **77%** in 2017.



"At all times, a person seeking care should be treated with dignity and non discrimination and provided with the best health care possible. As a health service provider, respecting these universal rights is not only essential to clients' healing, it is your responsibility"

A SERVICE PROVIDER TRAINED BY WFI IN NIGERIA

ROUND THREE SERVICE DELIVERY OVERVIEW

In 2015 the SAAF Secretariat undertook an analysis of the service delivery project portfolio and some key points identified were:

- The importance of placing emphasis on post-abortion contraception counselling, as many projects struggled to improve their rates of post-abortion contraception uptake.
- Most projects work with indirect service provision, enabling services through training and referral but not providing services directly. Therefore the SAAF secretariat need to adapt tools and systems to ensure they are appropriately geared towards projects engaged in indirect service delivery (e.g. when developing technical assistance and monitoring tools).
- Most of the indirect service provision focuses on static public and private facilities with a handful of grantees working with mid-level and traditional providers working in the community.
- Training of providers is the most common type of support and the strategies for training vary widely. This is a key challenge, and more support/ systems are required to ensure that training meets good quality standards.
- Commodity supply is not always sustainable; this is a common problem and was raised with the SAAF Board so that donors funding work to smooth commodity supplies are aware of the challenges faced and can communicate this in relevant fora e.g. UNFPA Supplies and/or Reproductive Health Supplies Coalition.

Some other key aspects of service delivery projects which are also very relevant are:

- Service provision against the new WHO task shifting guidelines
- Commodities: funds used for the purchase of commodities
- Harm reduction projects

EVIDENCE RESULTS

TWENTY-NINE NEW STUDIES WERE INITIATED

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 Ghana, **Global Doctors for Choice Ghana (GDC)** implemented a study into the barriers to access safe abortion care in Ghana which has relatively liberal laws. Specifically investigating levels of provider refusal among trained providers they found that in Northern Ghana over **50%** of providers (midwives, Physicians and Physician Assistants) who had received training and were qualified to provide legal abortion care conscientiously object to providing such services, acting as a huge barrier to women accessing care.

176 KNOWLEDGE DISSEMINATION ACTIVITIES WERE CONDUCTED BOTH AT LOCAL AND INTERNATIONAL LEVEL

The **GDC** study findings were shared at seven national meetings with senior managers of the health sector, medical superintendents, parliamentarians and assemblymen as well as at international conferences particularly the conference on 'Conscientious Objection to Abortion: Strategies to Counter the Effects' in Uruguay in August 2017.



SAAF/Tommy Trenchard/Uganda

"I remember a schoolgirl, she was in a very sorry state because she had tried some local remedies to abort. I attended to her and things went well. She went back to school. I feel so proud because that was a big life rescue. A girl like that could have died but now she is alive and I see her carrying on with her studies, I feel so proud. I praise VODA for that encouragement."

STEVENS, A NURSE AT PUBLIC HEALTH FACILITY IN UGANDA, TRAINED BY VODA UGANDA

ROUND THREE 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 was submitted by grantees on a six-monthly basis to the Secretariat where systems to collate and aggregate data were established. In addition, all projects that provided or facilitated clinical service delivery were required to use the SAAF Quality of Care checklist to self-assess and report on clinical quality standards. Grantees were 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 SAAF virtual community.

Additionally, during the course of this round of funding the Secretariat both increased the number of grantee visits made (53 visits) and developed tools to maximise the learning from these visits. Visits aimed 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 were 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, marginalized and vulnerable women and girls was observed during monitoring visits.

EXTERNAL EVALUATION 2015-2017

Throughout this funding round the Secretariat demonstrated itself to be a learning organization despite of the constraints 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 contracted to conduct the evaluation.

PHASE ONE

The first, formative, stage of this evaluation, completed during 2016, was based on reviews of nine (9%) of the projects funded in Round Three, workshops with all Round Three grantees in five countries visited (a total of 18 grantees or **17%** of all grantees); an online survey with grantees from all three Rounds (which was completed by more than **60%** of those invited); and interviews with 11 global-level experts. Whilst confirming the value of the SAAF mechanism, the evaluators noted that the size and diversity of the sample meant that the findings were not generalizable across the SAAF portfolio but believed that they provided an important snapshot of the fund's achievements and challenges. Evaluation recommendations were reviewed by the SAAF Board

and action was either taken (e.g. revised theory of change) or was 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 was 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 was flagged as an issue – particularly in relation to service delivery grantees. It was also noted that over half of all grantees reported facing anti-choice activism.

The evaluation posed challenges to SAAF's 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 rigour with which monitoring was undertaken by grantees. One, reportedly excellent example of grantee approach monitoring, following technical support by the SAAF 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 portfolio and diversity of the projects made it difficult for the Secretariat to provide the level of support and oversight needed. The balance between 'light touch management' 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 be 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.

PHASE TWO

The second phase was organized in 2017, with a learning focused approach to generate stronger evidence from three selected projects – **Peace Foundation in Pakistan**, **VODA in Uganda**, and the **Palestinian Family Planning and Protection Association (PFPPA)**. The objectives of this part of the evaluation were to:

- Contribute to SAAF grantee learning about what works to enhance access to safe abortion and family planning services.
- Contribute to SAAF's learning about how to maximise effectiveness as a cutting edge fund providing essential funding and support to the SRHR sector.



A t-shirt from ASBEF in Senegal calling for safe abortion in cases of incest and rape.

SAAF/Hanna Lindley-Jones/Senegal

The three country reports and the synthesis report highlighted some interesting findings. The main conclusion was as follows:

“It is essential for continued funding to go to projects that can reach poor and marginalised women with quality safe abortion and family planning services, while addressing the range of issues around stigma and access, including the legal and regulatory enabling environment. The success factors of SAAF's projects explored in this report demonstrate the importance of locally driven approaches and flexible funding. It also demonstrates the importance of building better in-country learning, focussing on sustainability and scaling up approaches through ongoing funding.”

The evaluators made some recommendations, and many of them had already been taken on board during the development of the fourth round of funding. The recommendations have been shared with the board and will be implemented if relevant.

GRANTEE SUPPORT

Throughout 2017 the Secretariat continued to increase the amount of technical support provided to grantees. Support was provided through three main channels: monitoring and support visits by the Secretariat, online webinars on issues identified as requirements for grantees and through the SAAF virtual community.

VISITS TO GRANTEES

Visits from the Secretariat remain very important to monitor and support grantees. The decision to visit is based mainly on the quality of reports, overall performance, and technical assistance needs. Debriefing and recommendations from the visit are shared with grantees and an action plan is developed and followed-up for each project.

In 2017 the secretariat made the following visits to grantees:

- **Guinea-Bissau, AGUIBEF** March 2017 – Programmatic visit - André Deponti
- **Uganda, VODA and Lady Mermaid's Bureau** March 2017 – Programmatic and communications visit - Hanna Lindley-Jones
- **Peru, Asociación Familia Sana and PROMSEX** July 2017- Programmatic visit - André Deponti
- **Uganda, COHERINET** October 2017-Programmatic visit - André Deponti

Some of these visits were follow-ups from previous visits and it was positive to see that the organizations had taken feedback on board and been able to better structure their work.

With the increased capacity of the Secretariat, we have the goal of being able to not only organise visits to problematic grantees but also to visit well performing grantees. Learning about and documenting good strategies and approaches is key to disseminate good practices.



SAAF programme adviser, Hanna Lindley-Jones on visit with Noah Musoke ED of VODA Uganda
SAAF/Tommy Trenchard/Uganda

VISIT TO GUINEA-BISSAU

AGUIBEF in Guinea-Bissau had been providing abortion care in their own clinic in the capital Bissau since 2014 and wanted to expand the provision of services to other areas of the country. The main objective of the SAAF support visit was to provide strategic support to AGUIBEF on how to do this. During the visit, AGUIBEF decided that rather than setting up competing service points, the most sustainable way would be to partner with public health facilities in the regions to embed services in already existing health facilities. The SAAF Senior Programme Adviser provided guidance on how to work effectively with public health facilities, including issues of performance management, quality of care monitoring and training and supervision of service providers. Following this visit, the partnership with public health facilities was established and AGUIBEF were able to expand access to quality abortion care throughout the country, ensuring women could receive quality care within the public health system.

“Thank you so much for your hands-on approach in this whole process. It has made us better equipped to understand how the Monitoring and Evaluation and budget templates work. This has indeed been very empowering. Many thanks.”

FEEDBACK FROM GRANTEE ON SUPPORT GIVEN BY SECRETARIAT

VIRTUAL COMMUNITY

The SAAF virtual community continued to operate well in 2017, with all grantees having at least one member signed up. A total of **253** members from across the world are now part of the community. The Secretariat has continued to share updates and resources on the site.

The virtual community has also helped, 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.

WEBINARS

As the Secretariat were heavily focused on the launch of Round Four in 2017 only one technical support webinar for Round Three grantees was held, a

technical webinar on medical abortion aimed at non-service providers who might need more detailed information on updated guidelines related to misoprostol and mifepristone. This webinar was attended by **44** people on the day and the recording has been viewed **49** times following the webinar. All of those who responded to the follow-up survey said that it would prove useful or very useful to their work, with attendees giving positive feedback on how they would use the knowledge gained.

In addition to this webinar, the secretariat hosted three Q&A webinars on the Round Four application process in English, French and Spanish. These proved extremely popular with a total of **51** people attending the webinars and the recordings being watched **346** times. These webinars enabled people interested in applying to ask more specific questions on how SAAF required applications to be completed and eligibility requirements.

“I will update our counseling guideline because our counsellors got many answers directly from the expert related to client’s question during the medical abortion counselling”

FEEDBACK ON HOW ONE ATTENDEE PLANNED TO USE THE INFORMATION GAINED FROM THE MEDICAL ABORTION WEBINAR

KEY LESSONS FROM ROUND THREE

One of the most important lessons learnt during Round Three has been the importance of having good and tailored systems in place. This allowed very high volumes of quality work to be efficiently managed by the SAAF secretariat.

Building up on the work done during the previous rounds of the fund, the Secretariat has constantly been adapting tools to improve and strengthen the Fund management processes. This was done to help supporting the management of the large number of grants and to adapt to the needs of grantees. Having stronger internal systems also allows for the grantees to be better supported and monitored throughout project implementation.

ROUND THREE LOGFRAME

Following a complete revision of the programme logframe at the start of Round Three, each grantee developed specific project level indicators and targets that were linked to the SAAF logframe indicators and aggregated to obtain SAAF targets.

Some keys elements included:

- Each SAAF grantee had an individual indicator spreadsheet.
- Grantees reported quarterly data (in every six monthly report, they informed of results for the previous two calendar quarters).
- Targets for grantees were set for each project year (which varied depending on when each project started).

The finalized logframe document included detailed definitions and calculation methods for each individual indicator.

BETTER REPORTING PROCESS

Following the development of a project induction process, the Secretariat developed a new reporting system to ensure both better reporting from the grantees and better monitoring from the Secretariat.

The new reports had three components (narrative, indicators and financial) and were individualized and pre-populated with grantees' project information. This new system generated work upfront to prepare the templates, but made monitoring a lot easier with a single file for each report component being used throughout the life of the project.

To support the grantees, the secretariat organized webinars in English, Spanish and French. The goal was to highlight the rationale behind the system, explain in details the information contained in the templates and how to complete them. This was followed by a Q&A session.

The feedback on the templates was generally positive:

“It [the indicator spreadsheet] not only allowed us to analyse our activities in more detail, but also made us conclude that different needs exist than those we anticipated”.

“The updated forms are very user friendly. The financial reporting is especially great and so practical, because it helps us see the figures change as changes to programs and activities occur; that way we make the best out of the grant we have”.

FRAUD AND FINANCIAL MISMANAGEMENT

During the early implementation of this round, two instances of fraud by two grantees were reported and dealt with. As a consequence, an action plan to further strengthen financial controls was developed and discussed with donors. It includes:

- Systematic due diligence checks
- Increase of finance staff time allocated to the fund
- Changes to the processes for future rounds of funding

A number of measures were added to the risk management strategy, including the creation of a risk rating system for every shortlisted organization. These measures have been implemented since 2015 for Round Three and Round Four projects.

VALUE FOR MONEY INDICATORS

Following recommendations from donors and the board, SAAF reviewed the indicators it utilized to assess value for money. The revised indicators were designed to assess performance in improving fund efficiency, effectiveness (assessed as grantees capacity to deliver project outputs), economy and equity.

The analysis of these three measures indicated that grantees have increased their organizational and

technical ability to manage and deliver their projects, and demonstrated that grantees were increasingly able to fulfil all SAAF requirements.

In 2015, a systematic review of cost drivers became an integral part of SAAF monitoring visits. The value for money framework provides a useful guide for the Secretariat to better analyse and assess grantees' finances. The SAAF Finance advisers have since made a number of dedicated finance monitoring trips. 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 procurement policy and implementation of the policy.

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

QUALITY OF CARE

Another important lesson has been with integration of quality of care and how to engage grantees to look at services in a more holistic manner.

The Secretariat worked with partners to establish a means of assessing quality against agreed minimum criteria, for all grantees providing services. The goal was to improve measurement by counting only those service points that reach agreed standards. The process was challenging given the large number and diversity of contexts of SAAF grantees but it was important to support improvements in understanding and achievement of quality standards.

Working with a consultant the Secretariat developed a tool by which SAAF grantees can self-assess the quality of their services, and the Secretariat can use during monitoring visits to SAAF projects involving clinic-based service delivery. This self-assessment process is based on the premise that the grantees would like to identify what could be improved in their work – therefore they will conduct an honest and thorough self-appraisal. Results were provided to the Secretariat once a year as part of the annual reporting process. 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.



“From March to September 2017, there was not a single case of curettage in the Uzgen District. This was the result of the work of outreach workers.”

SUCCESS OF THE ACTIVITIES WORKING WITH HEALTH PROVIDERS IN KYRGYZSTAN - ANONYMOUS GRANTEE

QUALITY OF CARE STANDARDS

The standards included in the quality of care checklist provide detailed information about what SAAF considers as quality clinical services. Below, are some of the key principles that guide the design of quality clinical services:

- **Services are rights-based:** they are offered in a way that addresses client's rights, including their right to information, access to services, choice, safety, privacy, confidentiality, dignity and comfort when receiving services, continuity of care, and opinion.
- **Services are free of stigma:** Clients should feel comfortable in talking freely about their health needs and choices. Services should be provided in a caring, supportive and non-judgmental environment.
- **Services are client-centred:** Quality services are tailored to client's social circumstances and individual needs. Women are offered a comprehensive abortion care framework – which includes abortion services (i.e. surgical abortion and medical methods of abortion), pre-and post-abortion counselling, post-abortion follow-up and contraception as well as linkages to other reproductive health services.
- **Provider's needs are addressed:** Providers require training and sensitization, information, adequate physical and organizational infrastructure, supplies and supportive supervision to provide quality services.

RISK 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. Over the implementation of Round Three, the Secretariat and Board paid greater attention to risk assessment and management and they are a recurring item on the Board meetings agenda to ensure that:

- All key risks facing the Board and Secretariat are included
- Risks can be reduced, transferred and budgeted for as needed.

SAAF developed a 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 and wider sectoral risks such as security of funding for abortion programming and quality of client data.

COMMUNICATIONS

Round Three also highlighted the need for better internal and external 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. More information on this is in the section on communications.

This will also be increasing in Round Four with a more clearly defined, networking and partnering plan which links the communications of the fund to the network and partnering goals of the fund.

SUPPORT TO GRANTEEES FROM THE START

Round Three highlighted the need to assess grantees capacity as early as possible and support them from the proposal development stage and throughout implementation.

A substantial proportion of the proposals originally submitted to SAAF in Round Three required extra support. Many organizations struggled with designing appropriate indicators, while some less experienced applicants needed more support around the proposal development process itself. The Secretariat put in place various strategies to support grantees with these issues:

- Webinars on indicator development: to build capacity on the development of indicators, including the provision of improved templates for monitoring and evaluation.
- Proposal development workshops: For the weakest proposals, SAAF then coordinated proposal development workshops and remote support to grantees.
- Remote support for proposal development and impact

As a result of the support provided, the quality of the proposals being submitted to SAAF improved significantly. However the large number of proposals and limited capacity of the Secretariat in the early years of Round Three did not allow for sufficient support to the large numbers.

The 'light-touch' approach of SAAF showed its limits and it became obvious that to deliver quality projects more time and money needed to be invested to support grantees.

The design for Round Four therefore integrated these issues and an inception phase was built into the

Round to ensure that the proposals submitted were of high quality. More details on this can be found in the section on Round Four.



Attendees at the first Africa proposal development workshop in Nairobi August 2017
SAAF/Hanna Lindley-Jones/Kenya

LAUNCH OF ROUND FOUR

In **May 2017** SAAF launched a new call for concept notes. Following a carefully designed dissemination plan and timeline, taking on lessons learned from Round Three, the launch was shared widely through a number of networks and on the new-look website with newly designed pages containing all the relevant information and links to external resources for support. This new strategy proved successful and the Secretariat received **396 applications** from **75 countries**. This was an important increase from the previous rounds (179 applications for Round Three).

- **62%** of all the applications came from Sub-Saharan Africa
- **57%** of the eligible applicants were from priority countries (DAC least developed and other low income)
- **74%** of the applicants had never applied to SAAF in the past
- **69%** of applicants have a yearly budget of less than USD 500k

During the application phase the Secretariat also hosted three webinars in English, French and Spanish to give applicants opportunities to ask any questions they might have about the applications. These were popular with **195** people registering to attend.

Part of the newly designed workplan included reinvigorating the Technical Review Panel of relevant professionals from across the world. A call for interested people was sent out via a number of networks and reviewers were chosen based on their submitted CVs and levels of experience in the field. The high number of applications for funding submitted to SAAF required 43 people to review and assess the concept notes. Review guidelines and assessment criteria were developed and shared with all the reviewers to ensure consistency around the assessments. Following eligibility screening, **349** concept notes were sent to be assessed by two independent reviewers from the Technical Review Panel.

The short-list of concept notes proposed to the Board for funding was based on the following criteria:

- Reviewers scores
- Priority vs non-priority country (least developed and low income countries and humanitarian settings)
- Regional distribution of the final portfolio
- Size of organizations – priority for smaller organizations
- Past performance (if a previous SAAF grantee)
- In-country coordination (if more than one project was in the same country)

Based on funding secured and available in June 2017, **30** organizations received detailed feedback on their concept notes and were invited to submit a full proposal. This marked the start of the inception phase.

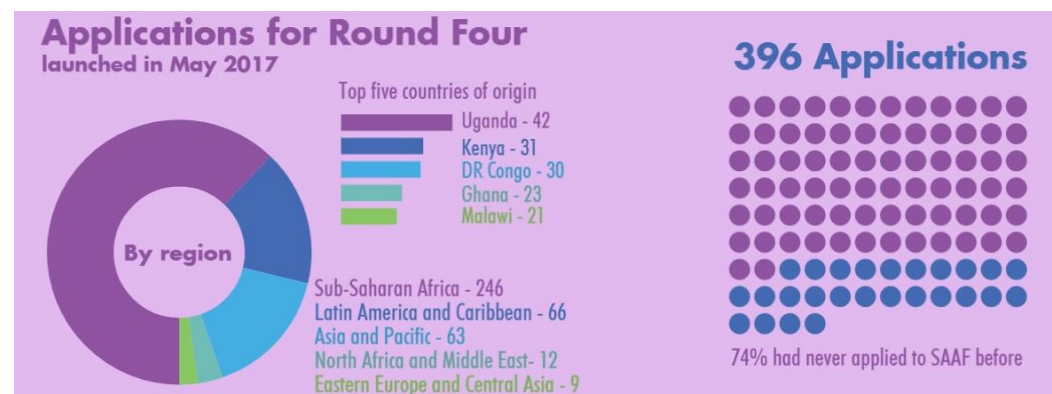
INCEPTION PHASE

With an ambitious planned project start date of 1 October 2017 for the first wave of projects, the Secretariat's main activities for the second part of 2017 were to support the organizations to develop high-quality proposals.

The SAAF Programme and Financial advisers reviewed proposals and provided individual feedback and guidance to all organizations who had to submit a narrative, budget, indicators, M&E plan and workplan.

Three proposal review workshops were developed and organized in Burundi (for francophone applicants), Kenya (African applicants) and Kuala Lumpur (Asian applicants) at the end of August and beginning of September 2017. Those four-day workshops were built around:

- Theoretical and interactive sessions on proposal development (e.g. how to develop goal, objectives, indicators, how to set targets, etc.)



DUE DILIGENCE CHECKS

In addition to reviewing their proposals, the Secretariat conducted due diligence checks for all organizations. All applicants had to complete a questionnaire looking at five aspects: organizational information, cash and banking processes, finance systems and processes, procurement and reporting, audit and sustainability.

All questionnaires were reviewed, each question was scored and organizations were assigned a colour-coded assessment (green/low, amber/medium and red/high) to highlight the “risk” level based on their systems and processes. As a result, **17** organizations were “Green”, **8** “Amber” and **5** “Red”. A Red assessment did not mean that we would not engage with them but that they would be a priority for monitoring.

- Sessions on SAAF and what to expect when working with us
- Individual project surgeries to discuss proposals and budgets in-depth

These workshops were also a great opportunity for all participants to learn about each other’s contexts and projects and to network. This was particularly beneficial for organizations implementing activities in the same country, to identify potential collaboration and try to avoid duplications of efforts.

The list of new projects that started in Waves 1 and 2 (October 2017 and



The Nairobi workshop in action
SAAF/Hanna Lindley-Jones/Kenya

January 2018) is available in Annex 4. More detailed information about the organizations can be found on the SAAF Website www.saafund.org/our-partners.

Once the proposals were finalised the Secretariat were able to provide numerical milestones and targets for each SAAF log frame indicator. All grantees must work towards at least one of the specific SAAF objectives and the overall SAAF results framework is an aggregation of grantees individual milestones and targets.



Attendees at the Asia proposal development workshop in Kuala Lumpur, September 2017
SAAF/Hanna Lindley-Jones/Malaysia

VISIBILITY AND COMMUNICATIONS

Having developed a more comprehensive communications strategy, the Secretariat started to roll this out in 2017.

SAAF WEBSITE

The new-look website www.saafund.org created in 2016 was developed further in 2017 with more content including dedicated pages created for the call for applications for Round Four. This included language specific pages with links to tools and resources that might help applicants to design their concept notes.

The website proved popular, with **8,143** unique visitors during the year, an increase of **670%** from the previous year. The international reach of SAAF is demonstrated by visitors to the website, who come from over **170** countries from across the world - from Afghanistan to Zimbabwe. During the year, the website was continually updated and added to and now includes a map showing where in the world SAAF supported projects are based and short descriptions on each SAAF supported project, including links to their own websites where available. All previous SAAF Annual reports were also added to the website to increase transparency and access to the history of SAAF's performance.

SOCIAL MEDIA

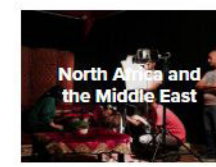
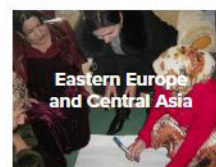
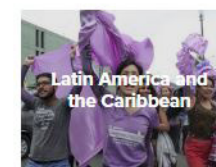
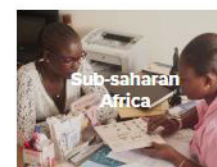
In 2017, SAAF increased its use of social media in order to highlight the successes of the fund and amplify the voices of the grantees on the world stage. The SAAF twitter account @SAAFund now has 275 followers and follows all SAAF grantees that have twitter accounts, re-tweeting their tweets when appropriate.

About us

WHAT WE DO
THEORY OF CHANGE
OUR PARTNERS
WHO WE ARE
CONTACT US
DONOR PARTNERS
PERFORMANCE
NEWS
ANNUAL REPORTS

Our Partners

TO READ ABOUT THE DIFFERENT PROJECTS SUPPORTED BY SAAF, CLICK ON THE MAP OR THE REGIONS BELOW



The Our Partners page of the SAAF website where you can find information on all the projects supported by SAAF and where they are.

COMMUNICATIONS VISIT

In March 2017, SAAF launched the first of its annual communications visits to grantees to showcase the work of SAAF and grantee partners and the changes that they have been able to achieve through their work. Working in collaboration with the IPPF communications team, the SAAF Programme Adviser visited two grantees in Uganda, a community-based organization in rural Uganda called **VODA** and **Lady Mermaid’s Bureau**, a sex-worker rights organization based in Kampala.

The Programme Adviser travelled along with a local journalist and a photographer, who interviewed and photographed beneficiaries, staff and people involved in the projects to gather their stories and highlight the successes of the organization’s work under SAAF. These photo stories were shared on the SAAF and IPPF websites and have proven popular, remaining as some of the most popular sections of the SAAF website to date www.saafund.org/saafstories.



The journalist interviewing Sharon a youth volunteer trained by VODA during their project.
SAAF/Tommy Trenchard/Uganda

“I used to have negative attitude about it. Because according to my religion, it was not allowed in the church. But again when you look into it, it’s not good to leave someone to die. So I decided to change my attitude to help people. These days, people no longer die, people no longer get problems and I’m proud and happy because we help so many people.”

JOSEPHINE, A SERVICE PROVIDER TRAINED BY VODA AND INTERVIEWED DURING THE VISIT

“Safe abortion is so good, I wish they can sensitise everyone in our society even if you are not a sex worker. You can get pregnant when it is not the right time. But safe abortion is so safe just like the name sounds.”

DEBORA, A SEX-WORKER INTERVIEWED IN RELATION TO THE LADY MERMAID’S PROJECT

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. The SAAF Board members are the highest decision-making body of the Fund and are accountable to the donors and other stakeholders of the Fund. They provide strategic oversight, set policy and guidelines, consider and discuss the recommendations of the SAAF Technical Review Panel and the Secretariat, and approve applications for SAAF funding.

As several members are reaching the end of their tenure in 2018, a recruitment process was organised in the last quarter of 2017 via an open call for applications.

Board members are ambassadors for SAAF in the international abortion rights arena. They are individuals with knowledge of, commitment to, and passion for SAAF's mission as well as willingness to actively participate in SAAF initiatives when appropriate and called upon. The Board was seeking individuals from different regional/geographic locations with expertise and experience in financial management and oversight, communications and medical healthcare provision. They were also seeking an increased youth representation.

The call was successful with **64** applications from around the world. This highlighted a great interest within the wider abortion and reproductive rights sector to be involved in the management of a fund like SAAF and enabled the Board to choose carefully from

a strong list of applicants as to who should be included. These new Board members will join and be inducted in 2018.

FUND MANAGEMENT

The SAAF logframe includes indicators about Fund management and Figure 3 highlights the results for the period 2014-2017 when all except two targets were reached.

FUND MANAGEMENT INDICATOR RESULTS

The SAAF logframe includes indicators about Fund management and the table below highlights the results for the period 2014-2017 when all except two targets have been reached.

The SAAF Secretariat does not accept reports until all areas (narrative, indicators and financial) are properly completed. Over the implementation of Round Three, 89% of the completed grantees reports were received on time.

The number of discussions on the virtual community generating more than 10 responses is way below what was expected and it has been the trend in the last few years. At an early stage in the round the Secretariat noted that the virtual community has been vibrant as a communications tool and a document library, but it was not effective in generating discussions and debates. The Secretariat is looking into other tools that might be better suited to support discussions.

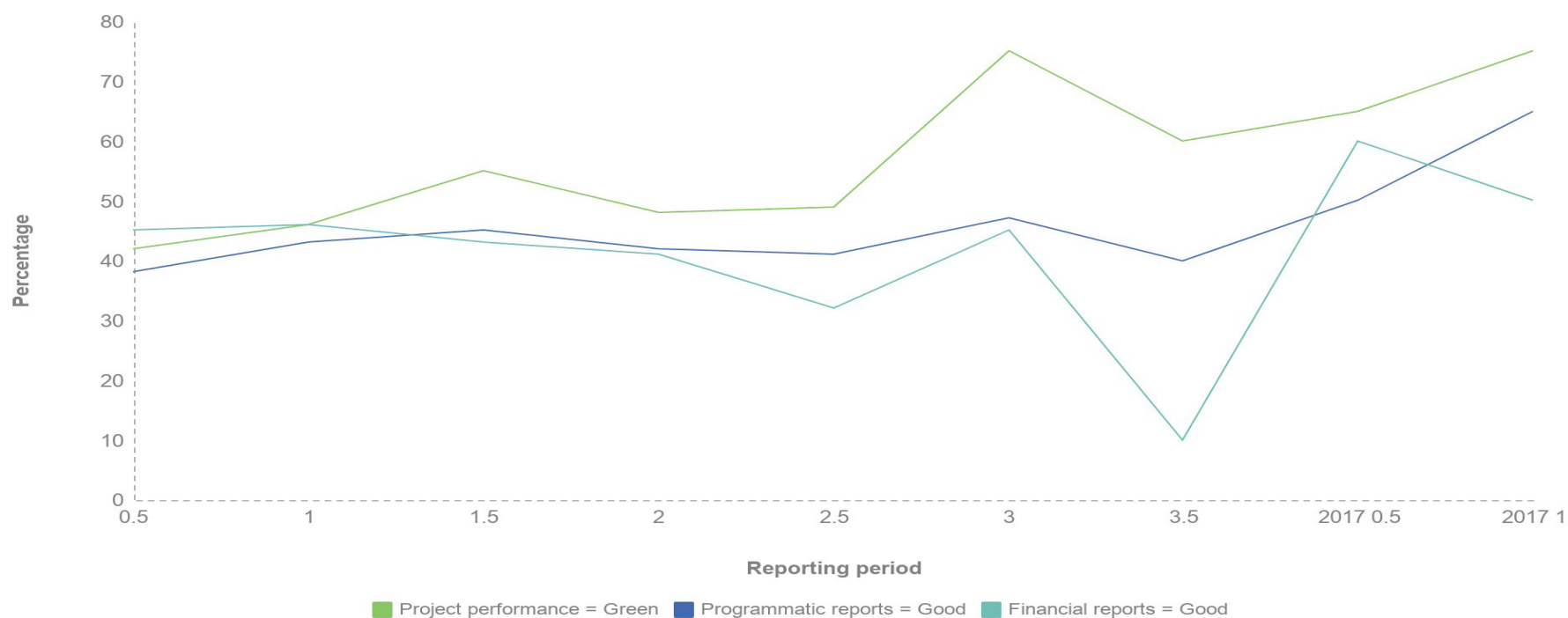
The satisfaction of the grantees is measured via the narrative report where a section explicitly requests feedback on the Secretariat and asks about any future support required. During the implementation of Round Three, **96%** of grantees expressed satisfaction with the support provided by the Secretariat 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 proportion of funds spent on Fund operating costs was slightly higher than anticipated over the course of Round Three and this was mainly due to the efforts to expand the Secretariat capacity. This is in line with the lessons learnt and external evaluation which highlighted the need for more capacity at the Secretariat level to better support the grantees.

Figure 3: Progress toward the SAAF logframe fund management outputs

Indicator	Round Three target	Round Three Result
M1. Proportion of SAAF project funding a) disbursed to and b) expended by grantees	a) 97% disbursed b) 88% expended	a) 93.2% b) 92.2%
M2. Proportion of grantee reports received on time and complete	87%	89%
M3. Number of discussions on SAAF virtual community resulting in 10 or more responses	42	16
M4. Proportion of SAAF grantees reporting satisfaction with support provided by SAAF Secretariat	95%	96%
M5. Proportion of overall SAAF funds expended for fund operating costs	10%	10.7% (5.7% administration costs + 5% overheads)

Figure 4: Overall project performance and report quality



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. At the start of the round indicators were designed to assess performance in improving fund efficiency, effectiveness (assessed as grantees capacity to deliver project outputs), economy and equity.

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

Logframe milestones for disbursement and expenditure of funds illustrate that this was slightly off track mainly due to some grantee exchange rates gains (see results for indicator M1) as well as cumulative underspend of some grantees or disallowance of expenditures.

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

To measure levels of organizational and technical ability, the Secretariat 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

The **overall project performance increased throughout implementation of Round Three**, with more projects moving from the red (serious implementation concerns) category to the green and yellow categories (no or little concern) as the Round continued. (See Figure 4.)

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

Throughout the implementation of Round Three the **quality of the programmatic reports improved**, which indicates that the continuous comments, feedback and support from the Secretariat were taken on board. The quality of the financial reports decreased towards the end of Round Three following implementation of a stricter process thus triggering more questions and a harsher initial assessment. With increased support from the secretariat however, this improved in the final periods.

As shown in the results for indicator M2, the timeliness of report submission was good, with **89% overall received complete and on time**.

The analysis of these three measures indicates that grantees increased their organizational and technical ability to manage and deliver their projects, and demonstrates that grantees were 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 collected information on the main population groups served by grantees during project monitoring visits.

These findings highlighted that most projects were 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.

For example, a project in **Lebanon** managed to establish a contract of collaboration with MSF establishing a formal referral pathway to ensure refugee women based in the camps were able to access safe abortion services when needed.

ECONOMY: PROPORTION OF FUNDS USED FOR ADMINISTRATION AND OVERHEAD

The proportion of funds spent on Fund operating costs was slightly higher than anticipated and this was mainly due to the efforts to expand the Secretariat capacity. This is in line with the lessons learned and external evaluation which highlighted the need for more capacity at the Secretariat level to better support the grantees.

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

As mentioned earlier in this report the review of cost drivers at the project level is done throughout the project cycle (from proposal development to implementation) and is part of monitoring visits. Results are discussed with grantees and, as needed appropriate action advised and follow-up monitored.



An auxiliary nurse midwife trained by CREHPA in Nepal to provide safe medical abortion care at a rural government health post. SAAF/Shreena Patel/Nepal

FINANCIAL STATUS AND EXTERNAL AUDIT

The total expenditure for SAAF in 2017 was US **\$3.61 million**. The majority of this expenditure was project funding to grantees (US\$ \$2.78 million) (see Figure 5.)

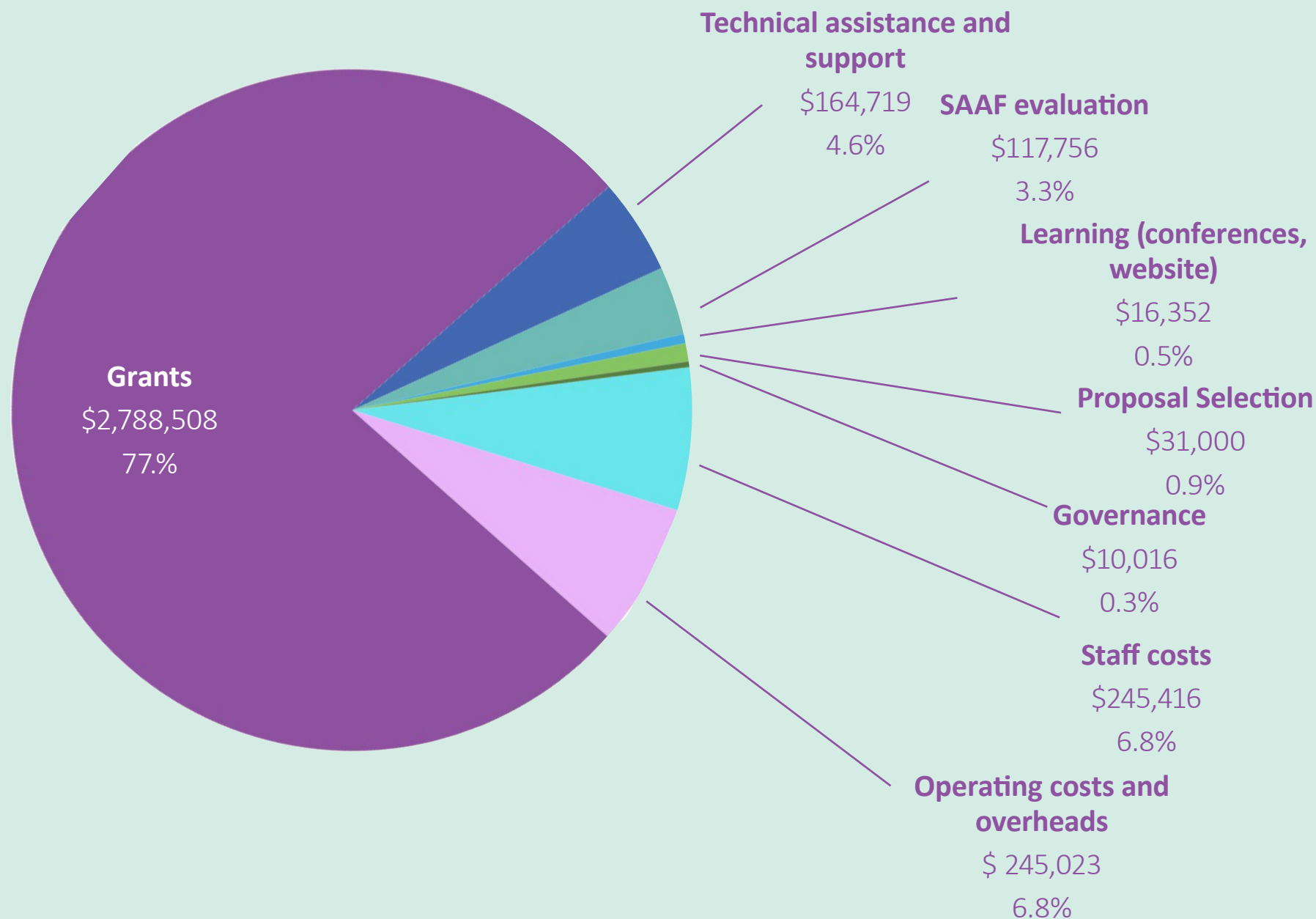
Grantees received up to 90% of each year's budget upfront. In order to manage risk, the SAAF Secretariat may reduce disbursements, or make more frequent smaller disbursements. Some of the criteria the Secretariat uses to recalculate remittances are: large depreciation of grantee local currency; past 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 2017 was carried out by Sayer Vincent LLP in May 2018. SAAF received an **unqualified audit opinion** and the management letter confirmed that all the audit findings from the previous year had been addressed.



Protests calling to 'Let her Decide' by Flora Tristán
Flora Tristán/Peru

Figure 5: Financial breakdown of Fund for the year 2017 (Round Three and Round Four data)



CONCLUSION

The period covered by this annual report, January 2017 to December 2017 was a key transition phase for the Fund.

It was a time for reflection on the lessons learned after ten years of implementation. The Secretariat experience, the external evaluation results and the Board guidance all supported the new shaping of the grant mechanism. SAAF had an outstanding track record in managing grants and had proven to be an efficient and cost effective mechanism for donors to reach local organizations. Future efforts will include investment in grantees capacity development and on-going strengthening of grants management systems.

Benefiting from the strengthening and increased capacity of the Secretariat, the launch of Round Four opens a new phase which should see the implementation of increased support to grantees, stronger monitoring of our impact and a fund increasingly open to and reaching out to partners.



A poster against conscientious objectors at a march attended by MYSU in Uruguay
MYSU/Uruguay



Noor Nakigozi, Project Manager SAAF from Lady Mermaid's Bureau
SAAF/Tommy Trenchard/Uganda

BOARD MEMBERS

CHAIR

- **Manuelle Hurwitz**, Director, Institutional Delivery, IPPF

MEMBERS AS OF DECEMBER 2017

- **Camilla Holst Salvesen**, Adviser, Department for Global Health, Education and Research, NORAD
- **Friday Okonofua**, professor of Gynaecology and Obstetrics, Vice-Chancellor of Ondo State University of Medical Sciences (Nigeria) [on behalf of International Federation of Gynaecology and Obstetrics (FIGO)]
- **Giselle Carino**, Regional Director, IPPF Western Hemisphere Office
- **Manisha Mehta**, Director, RR/WR Programs, Wellspring Advisors
- **Marjorie Newman-Williams**, Director of International Operations, Marie Stopes International
- **Monica Oguttu**, Executive Director KMET, Kenya
- **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 (SFBLSP 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 (PRSA)
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	ANONYMOUS	ANONYMOUS
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)

Country	Organization	Project Title
Bangladesh	Reproductive Health Services, Training and Education Program (RHSTEP)	Access to Safe MR and Reproductive health for Youths and Adolescents (ASRYA)
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 Health 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
Korea DPR	Korean Family Planning & Maternal and Child Health Association (KFP&MCHA)	Expanding Access to Comprehensive Abortion Care and Services in the DPRK
Malaysia	Reproductive Rights Advocacy Alliance 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

Country	Organization	Project Title
Nepal	Healthy Society and Environment Protection Center (HSEPC)	Safe Comprehensive Abortion Care Project
Nepal	Sunaulo Pariwar Nepal	Transforming Access to Safe Medical Abortion in Nepal - Piloting a franchise model to inform and secure policy change
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 CAC 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

Country	Organization	Project Title
Tajikistan	Tajik Family Planning Alliance (TFPA)	Population are aware about Safe abortions and able to request the qualitative services
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

Country	Organization	Project Title
Peru	Centro de la Mujer Peruana Flora Tristán	Despenalización del aborto en casos de violación: Cuestión de derecho, cuestión de vida
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 Embarazo N° 18.987
Uruguay	Iniciativas Sanitarias	Mejorando la accesibilidad y calidad de atención en servicios de interrupción voluntaria del embarazo en Uruguay
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		
Egypt	ANONYMOUS	Saving Mother's Lives
Lebanon	ANONYMOUS	Anonymous project
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)						

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	O3. Proportion of women and girls in receipt of quality clinical abortion services voluntarily adopting a modern method of contraception (disaggregated by % of a) short and b) long term methods)	0	64%	76%	77%	80%	i) 71%** ii) 80%**	
		0	a) 67%*	a) 71%*	a) 69%*	a) 58%*	a) i) 69%** ii) 58%**	
		0	b) 33%*	b) 29%*	b) 31%*	b) 42%*	b) i) 31%** ii) 42%**	
		Source						
		Six monthly reports from grantees (n=61 grantees)						

*Please note that the sum of a) and b) will always be 100%. Therefore, an increase in one will always be accompanied by a decreased in the other

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

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)						

OUTPUT 2 - Evidence	Indicator	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	Assumptions
Local knowledge developed and evidence gaps filled and strategically shared to inform an improved enabling environment for safe abortion	E1. Number of new studies initiated	0	17	6	4	0	27	National ethical review committees approve research protocols in timely manner
		Source						
		Six monthly reports from grantees (n=19 grantees)						
	E2. Number of knowledge dissemination activities conducted	Baseline	Milestone 2014	Milestone 2015	Milestone 2016	Milestone 2017 (Jan-Sept)	Target	
		0	39	62	41	7	149	
		Source						Risk Rating
		Six monthly reports from grantees (n=20 grantees)						
IMPACT WEIGHTING								Medium
20%								

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								Low
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	
		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									Low
30%									

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

ROUND FOUR GRANTEES WAVES 1 AND 2

Projects that started in 2017 or January 20018. The full updated list can be found on the SAAF Website www.saafund.org.

Country	Organization	Project Title
Africa		
Burundi	Réseau SOS femmes en Détresse (SOSFED)	Promotion de l'Avortement Sécurisé et de Lutte Contre la Stigmatisation de l'Avortement dans les provinces de Bujumbura rural, commune Mutimbuzi et Province de Bubanza, commune Mpanda (Promotion of Safe Abortion and Anti-Stigmatization of Abortion in Rural Bujumbura Provinces, Mutimbuzi Commune and Bubanza Province, Mpanda Commune)
Congo, (DRC)	Comité d'Echange et d'Information sur la femme et pour le Développement (CEIFD)	Projet de consolidation de la réduction des méfaits en territoire de Fizi, Sud-Kivu, RDC (Harm Reduction Consolidation Project in Fizi Territory, South Kivu, DRC)
Congo, (DRC)	Groupe des Femmes Vivant avec le VIH (GFV)	Les Naissances voulues, un droit pour tous!!! (Wanted births, a right for all!)
Congo, (DRC)	This organisation has asked to remain anonymous	Renforcement Pour la Perennisation de l'Appui aux Femmes et Filles Demandeuses des Avortements Médicamenteux (Strengthening the Sustainability of Support for Women and Girls Claiming Medical Abortion)
Ethiopia	This organisation has asked to remain anonymous	Youth Lead Action towards the Right of Young Women for Comprehensive Safe Abortion
Ghana	MABIA-Ghana	Increasing and sustaining access to high quality comprehensive abortion care in northern Ghana
Kenya	Trust for Indigenous Culture and Health (TICAH)	Making Healthy Choices; realizing our Reproductive Rights and Making Medical Abortion Safer and More Accessible
Malawi	Rights Institute for Social Empowerment (RISE)	Women's Integrated Sexual Health (WISH)
Nigeria	International Centre for Poverty Alleviation and Sustainable Development (CENPAD)	Reducing Harm through access to Menstrual Regulation through Medication for Vulnerable Women and Girls in Internally Displaced Peoples' Camps in Nigeria
Rwanda	Health Development Initiative (HDI)	Improved Knowledge, Access, and Quality information of Safe Abortion in Rwanda
Uganda	The Community Health Rights Network (COHERINET)	Expanding Community Activism around Safe Abortion in Uganda (ECASAU)

Country	Organization	Project Title
Uganda	This organisation has asked to remain anonymous	The Grassroots' Access to reproductive Health Services in Northern Uganda(The GRAS Project)
Zimbabwe	Women's Action Group (WAG)	Starting the conversation: Abortion awareness campaigns in Zimbabwe
Asia and Pacific		
Bangladesh	Bangladesh Women's Health Coalition (BWHC)	Enhancing the access to quality abortion for tea workers, ethnic minorities and hard-to-reach populations of North-eastern Region (Sylhet division) of Bangladesh
Indonesia	Institute for Women Human Rights or Institut Hak Asasi Perempuan (IHAP)	Advocacy on implementation of Law No.36/2009 on safe abortion service for survivors of rape through improving regulatory environment and raising community awareness by youth's network in district of Timor Tengah Utara and Manggarai Barat in the province of Nusa Tenggara Timur
Indonesia	Samsara	Creating the next generation of safe abortion network in Indonesia, by enabling access to safe abortion services, tackling stigma, encouraging learning and community building in a digital age.
Pakistan	Peace Foundation	Reach rural women and girls with consultation and services of safe medical abortion and family planning in South Sindh Pakistan
Pakistan	Shirkat Gah – Women's Resource Centre (SG)	Building sustained positive behavioural change related to SRHR, particularly the right to safe abortion, through Champions and Allies
Solomon Islands	Solomon Islands Planned Parenthood Association	Understanding Unsafe Abortion in Solomon Islands
Eastern Europe and Central Asia		
Tajikistan	Tajik Family Planning Alliance (TFPA)	Building Sustainable Safe Abortion Services in Tajikistan
Latin America and Caribbean		
Brazil	Anis – Institute of Bioethics	Reframing the struggle for the decriminalization of abortion in Brazil: new advocacy strategies to counteract the anti-choice movement
Chile	Fundación Colectivo Alquimia Fondo para Mujeres	Fortaleciendo Sinergias Activistas por el Derecho a Decidir (Strengthening Activist Synergies for the Right to Decide)
Colombia	This organisation has asked to remain anonymous	Strengthening young people's voices and leadership on SRHR and abortion rights in marginalised communities in Cali, Colombia.

Guatemala	Asociación Civil, Colectivo para la Participación de la Infancia y Juventud (COPIJ)	Breaking barriers, Balancing Values and Rights
Haiti	Initiative pour un Développement Equitable en Haïti (IDEH)	Promotion de la Santé Sexuelle et de l'Avortement Sécurisé (Promotion of Sexual Health and Safe Abortion)
Mexico	This organisation has asked to remain anonymous	Litigio estratégico de los derechos sexuales de las mujeres con acciones de prevención y garantías del acceso al aborto en Campeche (Strategic litigation of women's sexual rights with prevention actions and guarantees of access to abortion in Campeche)
North Africa and Middle East		
Iraqi Kurdistan	Nujeen For Family Democratizing Organization (NFDO)	Opening Doors of Hope for abortion rights, and embraced non-stigmatized community in Sharya area



Community sexual health education session by Reproductive Health Services, Training and Education Program (RHSTEP) in Bangladesh
RHSTEP/Bangladesh