| | Objective | # | Indicator | Frequency | Data Source |
|---|---|---|---|---|---|
| **Impact** | To reduce maternal mortality and morbidity through improved access to safe abortion and post abortion care | 1.1 | Maternal mortality rate in each of the MAS 5 countries | Baseline and endline | SDG data/DHS dtaa |
| | | 1.2 | Estimated number of deaths from maternal abortions or miscarriages per year in each of the MAS 5 countries or regionally (per 100,000) | Baseline and endline | Guttmacher data |
| **Outcome** | To increase healthcare professionals' capacity to address the barriers to safe abortion and/or post-abortion care for women and girls in five focus countries and globally | 0.1 | % of HCPs who complete the "Abortion Care" e-learning who report the knowledge gained has improved their teaching or clinical practice | Baseline and endline | eLearning feedback surveys |
| | | 0.2 | % of HCPs/medical students who complete VCAT training that self-report more positive attitudes to safe abortion/postabortion care | Baseline and endline | training sessions modified SABAS scores |
| | | 0.3 | % of RCOG members who agree that "HCPs need the certainty that they can provide essential healthcare such as abortion without the fear of prosecution, harassment or stigma" (desired trend: increase) | Baseline and endline | Members survey |
| | | 0.4 | % of RCOG members who report SA/PAC as part of their job but whom "would not provide (or provide information and refer for) SA/PAC (under circumstances permitted by law)" (desired trend: decrease) | Baseline and endline | Members survey |
| | | 0.5 | # of country advocacy strategies that have contributed to a change in either policy or practice | Baseline and endline | Project records, qualitative interviews with kev stakeholders |
| | | 0.6 | # of countries that are using an RCOG Best Practice Paper (BPP) in clinical policy or practice, or as an advocacy tool | Baseline and endline | Project records, qualitative interviews with kev stakeholders |
| | | 0.7 | % of RCOG members who "would likely or very likely consider supporting the RCOG in advocating for safe abortion advocacy". (desired trend: increase) | Baseline and endline | Members survey |
| | | 0.8 | RCOG's Advocacy Strategy has contributed towards informing and /or changing safe abortion policy on an international level | Baseline and endline | Project records, qualitative interviews with kev stakeholders |
| **Outputs** | **Professionalism:** HCPs have increased access to high quality training materials on safe abortion and post-abortion care through RCOG educational and professional resources | 1.1 | # of times an "Abortion Care" eLearning module has been accessed (cumulative) | quarterly | eLearning plaform data |
| | | 1.1.1 | # of times an "Abortion Care" eLearning module is completed (cumulative) | quarterly | eLearning plaform data |
| | | 1.2 | # of RCOG Best Practice Paper views (per semester) | quarterly | Digital team records |
| | | 1.2.1 | # of RCOG Best Practice Paper downloads or prints and disseminations (cumulative) | quarterly | Digital team records/project records |
| | **Normalisation:** HCPs have increased access to resources to sensitise and help address stigma associated with abortion provision | 2.1 | # of RCOG guidance documents on dealing with stigma, burnout and harassment downloaded or printed and distributed (cumulative) | quarterly | Digital team records/project records |
| | | 2.2 | # of MAS Champions trained as a VCAT TOT (cumulative) | quarterly | project records |
| | | 2.2.1 | # of people who receive training including VCAT exercises by a Champion (cumulative) | quarterly | project records |
| | **Leadership:** Champions and other HCPs capacity is strengthened to advocate for safe abortion and post-abortion care in five countries | 3.1 | # of countries who have developed and implemented safe abortion national advocacy plans (cumulative) | semesterly | project records |
| | | 3.2 | # of times a "Abortion Advocacy" eLearning module has been accessed (cumulative) | quarterly | eLearning plaform data |
| | | 3.2.1 | # of times an "Abortion Advocacy" eLearning module is completed (cumulative) | quarterly | eLearning plaform data |
| | | 3.3 | # of downloads/views of RCOG abortion advocacy materials (incl. "Key Messages"/webinars/policy positions) (per semester) | quarterly | Digital team records/project records |
| | | 3.4 | # of presentations given by Champions (poster or oral) at international, regional or country conferences (cumulative) | quarterly | project records |
| | **RCOG Voice:** Increased influence of RCOG and its members to reduce barriers to safe abortion and post-abortion care | 4.1 | # of national and international advocacy platforms that are used by RCOG members and HQ staff to raise awareness, disseminate or challenge opinions regarding abortion (cumulative) | semesterly | project records |
| | | 4.2 | # of reports citing RCOG activity in advocating for abortion at high level meetings/ events, through media and/or public statements (cumulative) | semesterly | project records |
| | | 4.3 | # of public facing communications materials about the impact of unsafe abortion from RCOG members and/or Champions shared through RCOG, MAS programme and external communication channels (cumulative) | semesterly | project records |
| | **Partnerships:** Established partnerships with like-minded stakeholders to support advocacy and programmatic activities | 5.1 | # of organisations or networks using or disseminating RCOG MAS resources (e.g. advocacy, e-learning and/or best practice papers and/or guidance documents for training or advocacy purposes) (cumulative) | parmesterly | project records |
| | | 5.2 | # of national and international advocacy platforms where RCOG members and/or HQ staff have joined others/worked in collaboration to raise awareness, disseminate or challenge opinions regarding abortion (cumulative) | semesterly | project records |