

CONTRIBUTION TRACING CASE STUDY

CÔTE D'IVOIRE

October 2021



Acknowledgments

This report was developed with the support of an anonymous donor. It is an internal evaluation of whether the PRB SAFE ENGAGE project implementation in Côte d'Ivoire contributed to changes regarding the legal status of abortion in the case of rape through the co-creation and dissemination of an advocacy tool. The methodology, contribution tracing, could be applied to many causal paths, including paths to other outcomes. In this case, because of limited data and resources, the evaluation focuses on one causal path and also provides information about other potential outcomes uncovered during data collection. The evaluation was conducted by PRB staff member Marlene Lee, with assistance from Kelley Kline, Heidi Worley, and Jessica Kali at various stages. The PRB SAFE ENGAGE project staff and partners provided access to program documents, responded to evaluators' questions, and provided copies of relevant laws or other official documents. The project country team lead reviewed the draft report for factual errors regarding project implementation and country context. An external evaluator performed a technical review of the draft analysis. The evaluators would like to thank everyone who assisted in the data collection, review of the analysis, editing, and production of this report.

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I. Summary

From June 2018 to October 2021, the Strengthening Evidence-Based Policy to Expand Access to Safe Abortion (SAFE ENGAGE) project worked with government and civil society in Côte d'Ivoire to co-create and disseminate a tailored advocacy tool with the goal of increasing access to safe legal abortion in the country. During the co-creation process, experts shared information on legal frameworks in Côte d'Ivoire. The co-creation process built the capacity of advocates to use evidence and data on abortion, and the dissemination reached national and local community audiences.

The centerpiece of the ENGAGE process is an in-country task force, made up of key players in the policy arena, that co-creates (with PRB support) a video presentation for advocacy efforts and a dissemination strategy. Further details of the ENGAGE process can be found in Section IV of this report.

This report evaluates the contribution of the SAFE ENGAGE intervention in Côte d'Ivoire to policy dialogue and policy change that have the potential to increase access to safe legal abortion. The intervention assessed is the process for co-creating a set of videos and a plan for their dissemination. We conducted this internal evaluation using a technique called contribution tracing. This method identifies and examines a major claim about how the intervention increased access to safe legal abortion. Based on accounts of reactions to the video, the SAFE ENGAGE team for Côte d'Ivoire believed that the intervention could have influenced a June 2019 change to the penal code. The penal code was changed to include provisions for abortion in the case of rape (Law n° 2019-574 for Penal Code, Article 427). Evaluators collected data on the project implementation and outcomes and assessed the extent to which the evidence supports a hypothesized causal chain of events. The evidence provides little to no confidence that the SAFE ENGAGE intervention resulted in the 2019 change to the penal code. However, SAFE ENGAGE dissemination activities have been reported to spark policy dialogue among government officials and among religious and traditional leaders at the community level.

The evaluation methodology, contribution tracing, relied heavily on project documentation, including available trip reports, meeting summaries and attendance records, feedback on meeting sessions, project emails, and publications by the government of Côte d'Ivoire. Internal evaluators also solicited specific documents or responses to evaluator questions from PRB staff and in-country consultants. The evaluation did not find evidence to support the major contribution claim. Nonetheless, the results did highlight some lessons about project documentation and local ownership of dissemination.

— Lessons Learned

- Good project documentation helped to eliminate consideration of the major claim that SAFE ENGAGE influenced change in the 2019 legal code that decriminalized abortion in the case of rape.
- Project documentation did not capture policy dialogue or policy change in which task force members participated outside of the SAFE ENGAGE project activities. Creating space for task force members to reflect on how the SAFE ENGAGE ideas and methods might be changing their attitudes or affecting other work in their organizations could improve the project's ability to capture effects on policy dialogue. Currently, most information about the effects on policy dialogue relates to dissemination events funded by the SAFE ENGAGE project.
- Supplemental meetings on dissemination after the national launch reinforced the cohesiveness of the task force and local ownership of the dissemination process.
- Organizations from which task force members were drawn held numerous local events where the local community understood the messaging and believed action should be taken to save lives. Some officials made commitments to sensitizing their communities about reproductive health care.

— Conclusion

The contribution tracing analysis could not confirm with any confidence that the SAFE ENGAGE intervention in Côte d'Ivoire produced policy change. Task force members' dissemination activities did, however, contribute to policy dialogue at the local community level, reaching religious and traditional leaders that are important to supporting a reproductive health law that includes abortion.

The analysis also identified one possible policy change outcome where SAFE ENGAGE might have been influential and where further investigation into the link with SAFE ENGAGE task force members is needed. In contrast to past policy documents, a May 2020 report Programme National de Santé de la Mère et de l'Enfant (PNSME) discusses safe abortion as part of a continuum of reproductive health care. In this document, there appears to

be a shift in how PNSME (a task force member) includes abortion in its national policy. The document includes abortion in the discussion of reproductive health care priorities and challenges, whereas PNSME reports we reviewed from previous years only included indicators on the number of abortions and postabortion care service delivery.

Local ownership of the messaging and recommendations around abortion is a hallmark of the SAFE ENGAGE intervention. This feature resonated throughout the co-creation and dissemination process in Côte d'Ivoire. In developing the video scripts, the task force deviated from the usual PRB playbook with extra steps, like holding supplemental meetings on dissemination after the launch of the videos. These actions not only demonstrate local ownership, but they also showed commitment to a common vision and cohesiveness that PRB believes improve the effectiveness of advocacy and policy dialogue.

II. Purpose and Background

SAFE ENGAGE worked to expand access to safe abortion by reaching global and national audiences with the latest data and evidence on abortion and building the capacity of advocates to achieve positive change. Each year in Africa, approximately 1.6 million women are treated for complications from unsafe abortion, which accounted for at least 9 percent of maternal deaths in 2014.¹ From 2017-2021, the project supported the work of in-country partners in generating new or renewed policy or resource commitments around safe abortion, including service guidelines, in four African countries. In Côte d'Ivoire, the aim was to expand access to safe abortion as part of a continuum of reproductive health care.

In this report, we use contribution tracing to assess whether the SAFE ENGAGE video co-creation and dissemination process led to an increase in access to safe abortion services in Côte d'Ivoire, through a specific causal chain of events. Under the SAFE ENGAGE intervention model, PRB works to advance country-level policy dialogue and to strengthen the capacity of advocates, policymakers, and the media to communicate information on abortion to national and subnational decisionmakers. During the co-creation process, PRB works in collaboration with a multisectoral task force that includes high-level individuals and policymakers from government ministries as well as influential members of civil society. The group jointly develops an ENGAGE video, focusing on country needs. The task force co-creates a dissemination plan that includes a national launch of the SAFE ENGAGE video and usually targets regional audiences to provide them a visually compelling description of the evidence regarding the incidence, trends, causes, and consequences of unsafe abortion. In Côte d'Ivoire, SAFE ENGAGE media training took place in parallel with the video co-creation process. This report presents the media training component only to the extent that it intersects with the co-creation

timeline and the causal path being examined. The analysis in this report assessed only whether the co-creation process and dissemination strategy affected one policy outcome via a specific causal path.

— National Abortion Legislation

Until recently, Côte d'Ivoire law (1981 Penal Code, Law No. 81-640) made abortion a punishable offense except to save the mother's life,² despite the country's signing on to The Protocol to the African Charter on Human and Peoples' Rights on the Rights of Women in Africa (commonly known as the Maputo Protocol) in 2011. With the passage of Law no. 2019-574 of the Penal Code in June 2019, abortion to safeguard the life of the mother and in the case of rape is not punishable provided certain certifications are met. The woman must consent to the abortion, and two consulting physicians must, except under exigent circumstances, certify in writing either: (1) that surgical or therapeutic intervention is necessary to save the life of the mother, or (2) that it is the will of the rape victim.

In Côte d'Ivoire, international law is above domestic law in the hierarchy of legal norms. If there is a conflict between an internal law and an international law, the latter must apply. This means that in effect, the tenets of the Maputo Protocol could apply, permitting abortion not only to safeguard the mother's life and in cases of rape but also to preserve a woman's physical health or mental health and in cases of incest, fetal impairment, or sexual assault.³ In practice, all the principles found in the Maputo Protocol are not incorporated into the penal code.

The Ministry of Health provides reproductive health services for postabortion care. However, all other medical interventions take into account the legal

¹ Guttmacher Institute, *Abortion Worldwide 2017: Uneven Progress and Unequal Access*, 2018.

² World Health Organization and Human Reproduction Programme, "Côte d'Ivoire," May 2017.

³ The Maputo Protocol includes a provision to "Protect the reproductive rights of women by authorising medical abortion in cases of sexual assault, rape, incest, and where the continued pregnancy endangers the mental and physical health of the mother or the life of the mother or the fetus." Accessed October 2021, from <https://au.int/en/treaties/protocol-african-charter-human-and-peoples-rights-rights-women-africa>.

disposition of the topic in the country. While the government has not publicly advocated for expanding access to safe abortion on a large scale, government officials have cited the number of clandestine abortions and the need to improve access to reproductive health care. In 2018, efforts were being made to pass a reproductive health law calling for expanding the number of conditions under which abortion would be permitted. The law called for abortion to be legal in cases of rape, incest, and severe fetal abnormality when also authorized by the partner or spouse of the woman. Former Minister of Health and Public Hygiene Raymonde Goudou Coffie advocated for the proposed law, stating that the country should lift the taboo of sexuality so that parents can educate their children on sexual and reproductive health issues. Religious and traditional leaders have been reluctant to support inclusion of safe abortion in the proposed law on reproductive health. In July 2018, the preliminary draft of the law was sent to the Government Secretariat, where it stalled. With continued religious opposition, the law is unlikely to advance unless champions within government strongly engage in favor of its passing.

The government of Côte d'Ivoire supports family planning. The Ministry of Public Health and Social Affairs had drafted the National Family Planning Programme alongside the nongovernmental organization Association Ivoirienne pour le Bien-Etre Familial

(AIBEF) in order to facilitate the growth of contraceptive awareness and for use throughout the country. The government in Côte d'Ivoire had also acted to address the high birth rate among adolescents by establishing a “Zero Pregnancy at School” campaign and developing a national Costed Implementation Plan for Family Planning and a Strategic Plan for Adolescent and Youth Health. Yet, there remained quality and accessibility gaps in youth-friendly sexual and reproductive health services.⁴ Rural and out-of-school youth, for instance, still had a more difficult time getting accurate and high-quality sexual and reproductive health information and services.

— International Actors and Nongovernmental Organizations

Both national and international civil society organizations have aligned themselves with the Ministry of Health's national position regarding reproductive health. At the initiation of the SAFE ENGAGE project in Côte d'Ivoire, a substantial number of organizations were already active in supporting family planning and reproductive health initiatives. Working with government and representatives from some of these organizations (see Appendix A), the PRB SAFE ENGAGE project sought to position safe legal abortion as an important element in the continuum of reproductive health care.

⁴ The Evidence to Action (E2A) Project, *Driving the Next Generation of Global Family Planning Programs: Evidence to Action (E2A) Project Final Report*, June 2021.

III. Selecting Côte d'Ivoire for SAFE ENGAGE Intervention

Despite social and cultural factors that had limited access to information about abortion, some government policy dialogue and recent actions suggested that there was opportunity for forward momentum on safe abortion in the country. The SAFE ENGAGE project saw opportunities to emphasize the need for better data and research on unsafe abortion in Côte d'Ivoire and could draw attention to the contributions of unsafe abortion to maternal mortality and the need to train providers in postabortion care. With a new constitution in place as of 2016 and elections planned for 2020, working in the country in 2018 seemed politically and financially feasible over the next two to three years.

The reproductive health law that was being drafted at the time presented an immediate opportunity for engagement with journalists and advocacy communities.⁵ Passage of the law would elevate reproductive health generally onto the policy agenda. Sustaining policy discussion about the need to implement the law would require local advocates to clearly understand evidence about the role of contraception, postabortion care, and safe abortion care in preventing deaths from unsafe abortion.

In light of the country's low contraceptive use and high adolescent fertility rate, the SAFE ENGAGE team selected Côte d'Ivoire as a country for intervention. In Côte d'Ivoire, stigma and social taboos around sexuality and abortion create barriers to accessing information

and services needed to provide women and girls with a continuum of sexual and reproductive health care. According to Médecins du Monde, lack of an up-to-date reproductive health legal framework, lack of financing, and shortages in supplies of contraceptives, all add to the barriers women and girls face in accessing reproductive health care.⁶

Limited data on abortion safety and incidence posed a challenge to PRB's usual data-based advocacy strategy. The available data in early 2018 on the sexual and reproductive health status of women and youth included a 2011-12 survey from the Demographic and Health Surveys Program and a 2016 UNICEF Multiple Indicator Cluster Survey. This was ample but somewhat dated data. A 2017 PMA2020 launch, however, boded well for access to more recent data. Guttmacher Institute's regional estimates of abortion prevalence in Western Africa would also prove useful.⁷ The maternal mortality rate, estimated at 614 deaths per 100,000 live births, was much higher than neighbors such as Senegal (484), Mali (368), and Burkina Faso (341).⁸ *The Lancet* attributed 9.6% of pregnancy-related deaths in sub-Saharan Africa to unsafe abortion.⁹ Smaller studies about the context in which individual decisions about abortion are made highlighted a broad range of social, economic, legal, and informational barriers in Côte d'Ivoire that inhibit youth and women's access to the full continuum of care for their sexual and reproductive health needs.¹⁰

5 Ivoiresoir.net, "Exclusif / Côte d'Ivoire : Voici l'avant-projet de loi sur l'avortement," July 9, 2018.

6 Médecins du Monde, "Ivory Coast."

7 Guttmacher Institute, *Abortion Worldwide 2017*.

8 ICF, *The DHS Program STATcompiler*.

9 Lale Say et al., "Global Causes of Maternal Death: A WHO Systematic Analysis (2014)," *The Lancet Global Health*, 2 (6), e323-e333.

10 S.O. Aké-Tano et al., "Abortion Practices in High School Students in Yamoussoukro, Côte d'Ivoire," *Sante publique* 29, no. 5 (2017): 711-717; J. Svanemyr and J. Sundby, "The Social Context of Induced Abortions Among Young Couples in Côte d'Ivoire," *African Journal of Reproductive Health* 11, no. 2 (2007): 13-23.

IV. SAFE ENGAGE Intervention Design

The Côte d'Ivoire SAFE ENGAGE intervention sought to develop a presentation that would be a useful advocacy tool at the national level and to reinforce decision makers' capacity, as well as to improve the capacity of abortion advocates and other policy actors, to use evidence in their efforts to advance policy change. To achieve this goal, PRB followed the ENGAGE co-creation and dissemination process that had been used successfully in past PRB family planning projects. The main activities during an ENGAGE intervention are:

- Establishing an in-country task force for co-creation of the video.
- Holding four task force meetings focused on:
 - Setting objectives and identifying target audiences.
 - Developing key messages, including data, their implications, and recommendations.
 - Reviewing the video storyboard/scripts and commenting on drafts of the video.
 - Training some task force members in how to use the video for advocacy or policy communication.
- Hosting a launch event with invited individuals beyond project staff and task force members.
- Planning a follow-up dissemination activity usually undertaken by a local partner or task force members with financial support from PRB.

The SAFE ENGAGE project applied the ENGAGE methodology above to the issue of safe abortion. This required sensitivity both to the legal status of abortion in country and to religious and cultural values. Consequently, the SAFE ENGAGE intervention included:

- A review of the legal framework for abortion in country as part of setting objectives and developing key messages.
- An optional exercise in which participants assess their own values around abortion.

Prior to the start of the SAFE ENGAGE project in country, the PRB project team noted that important advances in abortion access were already underway.

— SAFE ENGAGE Video Co-Creation and Dissemination Implementation

The PRB project team consisted of PRB staff based in Washington, DC (a SAFE ENGAGE project director, a team leader for implementation in country and an analyst) and two local consultants based in country. Additional support from PRB's DC headquarters included graphic designers, editors, and other communications specialists. The PRB country team lead and supporting analyst traveled to Abidjan for a scoping trip and task force meetings. They also coordinated in-country activities with the local partner, the Association Ivoirienne pour le Bien-Etre Familial (AIBEF).

Working with AIBEF, PRB established a multisectoral task force. The task force was established with membership from government, civil society, and international partners active in sexual and reproductive health and rights. Twenty-one organizations participated in the task force, with three units from the Ministry of Health (*Ministère de la Santé et de l'Hygiène Publique*) represented. (See Appendix A for a list of organizations participating in the task force.)

AIBEF, a nongovernmental organization, convened the task force meetings in Abidjan, with two consultants in country assisting with facilitation and recordkeeping. Initially, PRB had hoped that PNSME, a government effort connected to family planning initiatives, would be the official convener of the task force. Unfortunately, the PNSME directing coordinator in charge at the time of the project's scoping trip in 2018 did not agree to chair the task force. No PNSME representatives had been assigned when the task force first met. By the second meeting, PNSME had designated representatives to participate in the task force. Over the life of the project, PNSME leadership changed, and a family planning specialist became PNSME's directing coordinator (see timeline in Table 1, page 8). By the third task force meeting, a PNSME representative opened the meeting, declaring the organization's full support of the SAFE ENGAGE message regarding maternal mortality's connection to unsafe abortion.

PRB Washington-based staff provided financial and administrative support and communications staff for development of one 15-minute video and three shorter videos.

The task force's main objective was to advise on all aspects of development and dissemination of the videos (and supporting material) as well as to generate interest in the presentation. PRB developed the creative content of the SAFE ENGAGE presentation based on the advice of the task force. The task force met eight times between May 2018 and January 2020; four meetings were designated as task force meetings previewed in the SAFE ENGAGE intervention design, with three supplementary meetings and a separate meeting for the official launch of the SAFE ENGAGE video in country. PRB Washington-based staff attended the four meetings designated as task force meetings and the national launch of the videos. They did not attend the supplemental meetings where members participated in exercises about attitudes toward abortion and where dissemination lessons learned and future plans were discussed.

Task force meetings included presentations and discussion of the legal context for abortion, as well

as recent data on abortion and related issues such as contraceptive use and maternal mortality. Beyond context-specific content on abortion data and laws during meetings, the SAFE ENGAGE project implementation featured an Ipas Values Clarification Toolkit (VCAT) exercise in which participants explored their attitudes toward abortion. During the fourth task force meeting, PRB trained selected task force members and others on how to play the presentations and facilitate discussion about the issues.

The majority of the task force's work took place during the four official task force meetings embedded in the project design and supplemental meetings unique to implementation in Côte d'Ivoire. Occasionally, members of the group were asked for advice or assistance between meetings. Between task force meetings, PRB project staff wrote and edited the scripts for the videos, incorporated supporting data, and identified other creative content such as photos. PRB financially supported some dissemination efforts by organizations represented in the task force, including AIBEF and PNSME. Some task force members held dissemination events without financial support from PRB.

TABLE 1
ACTUAL TIMELINE OF SAFE ENGAGE IMPLEMENTATION

DATE	POLITICAL AND SOCIAL ENVIRONMENT	SAFE ENGAGE PROJECT CO-CREATION OF ENGAGE VIDEO
January 16–24, 2018		PRB project scoping trip to Abidjan identifies local partner and local consultant. PRB project staff meet with government officials and international and national nongovernmental organizations.
March 24, 2018	Senatorial elections.	
May 2018	Société de Gynécologie et d'Obstétrique de Côte d'Ivoire (SOGOCI) publishes an evaluation of the advocacy needs for safe abortion.	
May 15, 2018		First task force meeting.
July 6, 2018	Ivorian Catholic bishops publish letter opposing proposed reproductive health law.	
July 9, 2018	Publishing platform IvoireSoir.net posts preliminary draft of reproductive health law with provisions for abortion, including allowing abortion in cases of rape.	
September 5, 2018		Second task force meeting focuses on drafting the storyboard for the video.
October 31, 2018		Supplemental task force meeting includes an Ipas values clarification exercise and discussion of color and visual choices for the video.
November 2018	Dr. Tanoh Gnou, family planning specialist, becomes head of PNSME.	
January 22–24, 2019		PNSME makes presentations to editors-in-chief and then to journalists as part of the first SAFE ENGAGE media training.
January 24, 2019		Third task force meeting is opened by a PNSME task force member representative. Activities include presentation of PMA2020 data, viewing the final draft of the video, and discussion of dissemination plans. Two members explain complementary projects from their organizations.
March 21, 2019		Fourth task force meeting and training of trainers.
April 11, 2019		SAFE ENGAGE videos officially launch.

June, 2019		Prior to passage of a new penal code, local consultant for SAFE ENGAGE attends a dinner at the Canadian ambassador's residence, where she gives the minister of health and the minister of solidarity copies of the SAFE ENGAGE videos and shares with them the main recommendations.
June 26, 2019	2019 revision of the penal code passes unanimously and includes legalization of abortion in cases of rape.	
July 12, 2019		Supplemental task force meeting follows up on dissemination. Some task force members (Médecins du Monde and Pathfinder activity at Man, Engenderhealth, Le Réseau des Champions et Médecin du Monde in Soubré, and AIBEF in Northern Côte d'Ivoire) discuss activities completed since the videos launched in April.
August 31– September 7, 2019		Task force members from PNSME, Ipas, and other organizations participate in a panel during the second SAFE ENGAGE media training.
October 2019– December 2019		Other organizations undertake initial dissemination efforts. Le Programme National de Santé Scolaire et Universitaire-Santé Adolescents et Jeunes (PNSSU-SAJ) held dissemination event in which the director—not an active task force member—encouraged physicians to participate in advocating for access to safe abortion and inspired a policy dialogue at the event.
January 14, 2020		Supplemental task force meeting reviews dissemination efforts and plans. This marks the last meeting of the task force as part of the SAFE ENGAGE project.
January 25–26, 2020		PRB financially supports a PNSME dissemination activity titled “Discussion of abortion, maternal mortality, and family planning in San Pedro.”
May 2020	PNSME publishes its national policy on sexual, reproductive, and child health, and mentions the links between maternal mortality and unsafe abortion, key messaging from the SAFE ENGAGE intervention.	
June 2021– August 2021		PRB supports additional dissemination efforts, including: <ul style="list-style-type: none"> • AIBEF's awareness-raising workshops on safe abortion and sexual and reproductive health and rights in Podiagouiné (Gole), Guiglo, and Blapleu in western Côte d'Ivoire. The deputy-prefects of Podiagouine (Gole), Guiglo, and Santa each sign a declaration supporting sexual and reproductive health and rights and access to free services for all people. • Association des Femmes Juristes de Côte d'Ivoire's event in Bingerville to create a working group on safe abortion in the community. • Comité National de Lutte contre les Violences faites aux Femmes et aux Enfants' awareness-raising event in Abobo on safe abortion and family planning services.

— SAFE ENGAGE Media Training Implementation

PRB SAFE ENGAGE also conducted media training in Côte d'Ivoire while the video co-creation process was ongoing. The media work was designed to give journalists both the knowledge and network to produce informed stories about abortion in a way that was appropriate for their outlets and communities. It was intentionally run in parallel to, rather than integrated with, the work of the task force because it was not meant to either promote the ENGAGE video or the task force's co-creation work and dissemination planning (see Figure 1, page 11).

PRB SAFE ENGAGE media training started about three months before the launch of the SAFE ENGAGE videos and about six months before changes in the penal code. PRB held a meeting of editors-in-chief the day before the first media training workshop. This meeting included a presentation by a PNSME task force member. The same person also presented PMA2020 data to the journalists during their workshop, but with more discussion of abortion.¹¹

Six months after the first workshop, an international consultant and local consultants conducted a second three-day workshop for journalists from Abidjan. The workshop featured a panel of task force members. AIBEF opened the workshop and representatives from some organizations participating in the task force (Ipas, PNSSU-SAJ, Médecins du Monde, and the International Planned Parenthood Federation (IPPF)) also attended portions of the workshop. Invited speakers included the PRB local consultant that facilitated task force meetings. Participants in the second workshop got to view the SAFE ENGAGE videos that had been co-created with the task force. The journalists produced a range of stories about reproductive health and family planning topics. By May 2019, they had written and produced stories on maternal mortality and abortion, and written two stories which featured information about current laws.

— Outcomes

When evaluators started the contribution tracing, the SAFE ENGAGE project in Côte d'Ivoire claimed only one policy change outcome and one policy dialogue outcome from the ENGAGE video co-creation and dissemination process:

- The SAFE ENGAGE task force recommendations influenced the 2019 revision of the penal code to expand access to safe legal abortion to rape victims.
- The SAFE ENGAGE co-creation process inspired high-level policy dialogue around safe abortion at national and regional events, including at Pathfinder's Agneby-Tiassa region workshop for health strategy development and a Programme National de la Santé Scolaire et Universitaire – Santé Adolescents-Jeunes (PNSSU-SAJ) dissemination event.

The contribution tracing analysis in this report focuses on one causal path (see Figure 2, page 12) for the first result above regarding the influence of the SAFE ENGAGE co-creation and dissemination process on changes in the penal code in June 2019. Other outcomes came to light during our review of project documents while exploring the viability of the first claim listed above. Because most events considered for the second outcome were financed by PRB and the associated dialogue happened at the events, contribution tracing was not really necessary. When we started the evaluation of the first outcome, PRB staff did not have the full timeline (see Table 1, page 8) around political and social changes. Also, they were not aware of some of the other activities that partner organizations were engaged in.

The remainder of this report presents the contribution tracing analysis of the causal chain linking the SAFE ENGAGE messages to change in the penal code. The next section describes contribution tracing, the hypothesized causal chain, and the evidence available to support each component of the causal chain.

¹¹ Performance Monitoring for Action (PMA) generates health data from frequent high-quality surveys in nine Asian and African countries. The 2020 round of data collection (PMA2020) in Côte d'Ivoire included a module on safe abortion.

FIGURE 1
SAFE ENGAGE PARALLEL WORKSTREAMS MEANT TO INFLUENCE POLICY DIALOGUE AND POLICY CHANGE

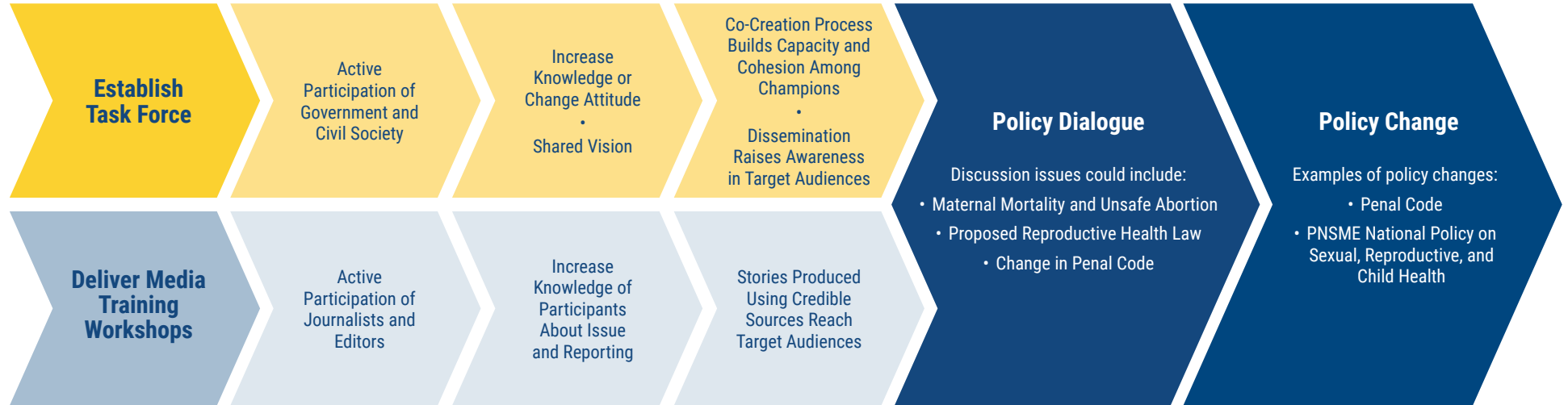
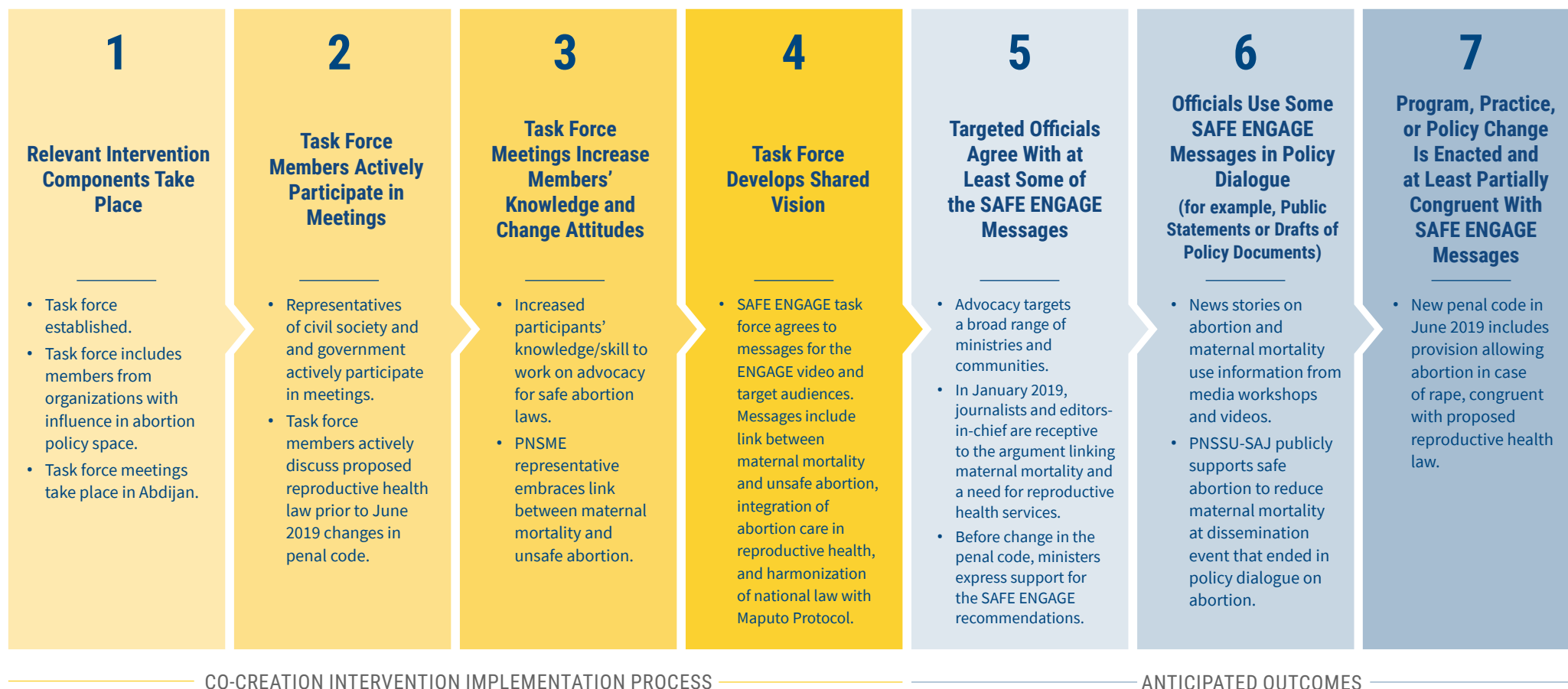


FIGURE 2
SAFE ENGAGE VIDEO CO-CREATION AND DISSEMINATION CAUSAL CHAIN



V. Contribution Tracing Methodology

Contribution tracing can be used most effectively when the evaluation has a specific outcome and hypothesized causal path that links the outcome to an action or intervention. This evaluation approach begins by establishing a “contribution claim” asserting that an intervention led to an outcome of interest. If the claim is, in fact, true, specific events that occurred are assumed to create a path linking our intervention to the outcome claimed. The expectation is that if the claim is true, evidence should exist that support this path or causal chain. Shorter causal chains are usually easier to prove with certainty. Contribution tracing treats each component of a causal chain as its own “mini claim,” requiring confidence in the evidence found for each link in the chain.

Data collection revolves around amassing evidence that should exist if the link between the intervention and outcome (the claim) is true. Analysis requires assessing, for each piece of evidence found, both the level of confidence that this evidence exists when the claim is true (Sensitivity) as well as the level of confidence that this evidence might exist even if the claim is false (Type I Error). The ideal piece of evidence is something that always occurs when the claim of interest is true and never occurs when this claim is false. In short, strong evidence, or evidence in which there is confidence, has high Sensitivity and low Type I Error.

Confidence in the evidence is assigned using probabilities familiar to those who work with statistical confidence intervals (see Table 2) and is based on available information about the causal chain and whether there are plausible alternative explanations for finding the evidence. Confidence may be adjusted as new information comes to light.

In order to prove the contribution claim regarding SAFE ENGAGE’s influence on the 2019 change in the penal code that permits abortion in the case of rape, specific pieces of evidence must support our claim. Under the assumption that the SAFE ENGAGE co-creation and dissemination process influenced this change in the penal code (our contribution claim) is true, we expect to find evidence that:

1. The standard relevant elements of the ENGAGE co-creation process had been used: A task force was established that included influential groups in the abortion space, and meetings of the task force took place.
2. Representatives of organizations with influence, particularly PNSME, participated actively in task force meetings.
3. Task force meetings increased participants’ knowledge about the proposed reproductive health law and how to advocate for expanded access to safe legal abortion.
4. Task force members developed a shared vision for the SAFE ENGAGE videos, including messages about the link between unsafe abortion and maternal mortality, integration of abortion care into reproductive health services, and harmonization of national law with the Maputo Protocol.
5. Task force members or their organizations reached a broad range of audiences with these messages, including journalists and the Ministry of Health.
6. Some of the audiences with whom the SAFE ENGAGE messages and recommendations were shared used the data, information, or recommendations in public statements or documents.
7. A change in policy, program, or practice took place and was consistent with SAFE ENGAGE messages/recommendations.

TABLE 2
QUALITATIVE DESCRIPTIONS OF
CONFIDENCE INTERVAL PROBABILITIES

Practical certainty	0.99+
Reasonable certainty	0.95-0.99
High confidence	0.85-0.95
Cautious confidence	0.70-0.85
More confident than not	0.50-0.70
No information	.50

Source: Befani and Stedman-Byrce.

— Shaping Data Collection

The initial steps of this contribution tracing exercise for Côte d'Ivoire required interviews with the project staff and review of project monitoring and evaluation results to identify potential outcomes. This yielded information about a dinner that the local consultant attended at the Canadian ambassador's residence in June 2019. During this meeting, she shared flash drives with the SAFE ENGAGE videos and discussed the recommendations with the Minister of Health and the Minister of Solidarity. The project staff thought that this might have influenced the decision to exempt from prosecution

abortion performed at the request of a rape victim in the 2019 penal code. We determined that evidence of the outcome was sufficient to move forward with initial triage of evidence for contribution tracing.

Before starting data collection, the evaluators consider what type of evidence must exist for each component of the causal chain if that component is true. In addition, if that evidence does not exist, the lack of evidence would make evaluators more likely to think that the link in the causal chain did not happen. Table 3 below includes a description of what would qualify as such "expect-to-find" evidence for each component of the contribution claim.¹²

— **TABLE 3**
INITIAL TRIAGING OF EVIDENCE BASED ON EXPECT-TO-FIND EVIDENCE (HOOP TEST)

EVIDENCE	EXPECT-TO-FIND IF COMPONENT HAPPENED <i>This is something that nearly always happens when the component happens, like sending out an invitation to an event.</i>	FOUND IN PRELIMINARY ANALYSIS? ■ YES ■ NEED MORE INFO ■ NO
1. SAFE ENGAGE task force with members influential in the abortion space was established and meetings actually took place.	Terms of reference signed by members of the task force document the group being established. The civil society organizations and government units included are key players in advocating for a reproductive health law. Task force meeting summaries and trip reports provide information about the meeting activities and discussions.	■ YES
2. Task force members actively participated in meetings.	Agendas and signed attendance lists in project records show meetings were regularly attended by members and that some members make presentations to the group or lead discussions. Meeting summaries capture various discussion points and recommendations, noting who made comments.	■ YES
3. The task force meetings increased participants' knowledge of increased participants' knowledge/skill to work on advocacy for safe abortion laws.	The majority of task force members indicate in feedback forms that they gained knowledge that would improve their advocacy work, equip them to answer difficult questions about abortion policy, or support a proposed Reproductive Health law.	■ YES

¹² "Expect-to-find" passes the "Hoop Test"—that is the evidence has high Sensitivity to the intervention component and low probably of occurring for other reasons. Failure to pass the "Hoop Test" would increase doubt in the contribution claim. Using murder as an analog, in every murder, a dead body is an expected piece of evidence. Failure to find a body increases doubt that the accused committed a murder. Even stronger evidence that evaluators might look for is "love-to-find" evidence. This is rare but if found strongly increases our confidence in our contribution claim. For instance, an example of "love-to-find" evidence would be a government official making a statement that the arguments in the SAFE ENGAGE video were used as evidence to support changes in the penal code. Such a statement makes us confident about our contribution claim. However, not observing love-to-find evidence does not rule out the contribution claim.

EVIDENCE	EXPECT-TO-FIND IF COMPONENT HAPPENED <i>This is something that nearly always happens when the component happens, like sending out an invitation to an event.</i>	FOUND IN PRELIMINARY ANALYSIS? ■ YES ■ NEED MORE INFO ■ NO
<p>4. SAFE ENGAGE task force agreed to messages for the ENGAGE video and target audiences including link between maternal mortality and unsafe abortion, integration of abortion care in reproductive health, and harmonization of national law with Maputo Protocol.</p>	<p>The meeting notes indicate specific decisions made by task force members about key messages and design. Notes from task force and supplemental meetings about dissemination articulate a common view about use of the videos.</p>	<p style="text-align: center;">■ YES</p>
<p>5. Targeted audiences with whom messages were shared before the end of June 2019 expressed support.</p>	<ul style="list-style-type: none"> • Trip reports from the international consultant who led the media training workshops, assisted journalists with preparing stories, and tracked their output include mention of how editors-in-chief and journalists were persuaded by task force presentations and discussion. • Project staff and local consultant for the project report expressions of support from government officials involved before the law changed in June 2019. • Community and religious leaders express support before June 2019. 	<p style="text-align: center;">■ NEED MORE INFO</p> <p>Local consultant reports that those deputies who would have voted on the change in the penal code had likely seen the video. Community leaders, religious leaders who attended workshops or other events expressed support for some messages. One imam interviewed by a journalist after SAFE ENGAGE training noted Islam's support for abortion to save a woman's life. There were plans for sharing with the Ministry of Justice in March 2019 but no documentation that this happened. Videos were shared with other Ministers who expressed support. This happened barely a month before the law changed.</p>
<p>6. Audiences with whom messages were shared used data, information, or recommendations in public statements or publicly available documents. [POLICY DIALOGUE]</p>	<ul style="list-style-type: none"> • The Ministry of Justice, responsible for revision of the penal code, knew about SAFE ENGAGE messages related to Maputo Protocol before passing the law in June 2019. • Journalist stories with the SAFE ENGAGE messages, data, or recommendations, or with interview task force members reached individuals in the Ministry of Justice before the law passed in June 2019. • SAFE ENGAGE dissemination events between April 2019 and June 2019 reached deputies who voted for the law. 	<p style="text-align: center;">■ NO</p> <p>Most SAFE ENGAGE dissemination took place after the penal code had changed. It takes years to change legislation. No evidence was found that SAFE ENGAGE messages reached Ministry of Justice staff responsible for revision of the penal code. No information found on who specifically voted for the law, only about half of the deputies were present for the vote. A more credible alternate theory of change for the penal code exists.</p>
<p>7. On June 26, 2019, the new penal code went into effect and was published in the government's official journal.</p>	<p>An official copy of the penal code is available from a government publication or the government website. The provision allowing abortion in the case of rape is confirmed in this document.</p>	<p style="text-align: center;">■ YES</p>

Note: Evidence passes a “Hoop Test” if there is moderately high confidence (0.75 or higher) that this evidence would exist if the claim is true and low confidence (0.60 or lower) it would exist if the claim were false.

Based on the lack of key “expect-to-find” evidence as presented in Table 3 above, evaluators rejected the contribution claim that SAFE ENGAGE contributed to legalizing abortion in the case of rape in the 2019 penal code through the video co-creation and dissemination. The timing of SAFE ENGAGE events, lack of any evidence of the messages reaching the Ministry of Justice prior to June 2019, and the length of time required to revise laws diminished confidence in this claim. While it is possible that deputies who voted on the law were sensitized by SAFE ENGAGE, the contribution tracing exercise found no tangible evidence of this influence prior to June 2019.

— An Alternate Theory of Change for 2019 Penal Code

A more likely explanation for the change in the 2019 penal code to allow abortion for victims of rape is the influence of the United Nations. Evaluators determined that sharing of SAFE ENGAGE data, information, and messages needed to have started many more months if not years before the change of the 2019 penal code or to have reached specific persons in the Ministry of Justice to influence the law. In researching the changes in the penal code, we found an announcement in 2015 that the government would be undertaking a project to change the penal code and penal code procedures to conform with the Rome Statute of the International Criminal Court.¹³ In the same period, the UN Committee for the Elimination of Discrimination Against Women (CEDAW) had been pressing the government to demonstrate actions to redress gender-based violence, rape, and access to safe abortion. CEDAW specifically asked for legalization of abortion at least in the case of rape, incest, and fetal malformation and decriminalization of abortion in all other cases.¹⁴ The request included reference to changes in specific articles of the 1981 penal code. The government’s response to CEDAW indicated

that national law on sexual and reproductive health was being formulated. In 2018, the National Committee on Human Rights with Civil Society Organizations recommended the decriminalization of abortion under certain conditions, particularly rape, incest, and malformation of the fetus.¹⁵ Modification of the new 2019 penal code will continue the work to align the national laws with international human rights protections.¹⁶

— Other Potential Policy Dialogue and Policy Change Outcomes Not Evaluated

In the course of triaging data to assess whether to proceed with evaluation of the claim that the SAFE ENGAGE intervention influenced the June 2019 change relevant to abortion in the penal code, PRB found a different policy change that might warrant contribution tracing. PNSME issued a national policy on sexual, reproductive, and child health in May 2020, providing a framework for achieving global objectives of reducing maternal, neonatal, and mortality. It featured statements about abortion as part of reproductive health care. Earlier reports did not present abortion as part of the continuum of care. A brief review of national policy reports by PNSME prior to this May 2020 document found abortion mentioned only in the indicator of the number of abortions and in listing postabortion care services. The SAFE ENGAGE project could potentially have contributed to this policy change. PRB’s contribution tracing did not examine a causal claim related to this outcome.

Including abortion in the reproductive health continuum of care mirrors the shift in PNSME’s organizational position over the course of SAFE ENGAGE task force meetings. PNSME representatives initially indicated the organization was constrained by national law. Later, one

¹³ [Communiqué du Conseil des Ministres du mercredi 14 janvier 2015; Politique justice : La Côte d’Ivoire révisé son dispositif pénal national en vue de se conformer au Statut de Rome instituant la CPI](#), January 14, 2015.

¹⁴ Comité pour l’élimination de la discrimination à l’égard des femmes, Liste de points concernant le quatrième rapport périodique de la Côte d’Ivoire additif réponses de la Côte d’Ivoire à la liste de points, July 2019.

¹⁵ Commission Nationale Des Droits De L’homme De Cote d’Ivoire / Organisations De La Societe Civile, Rapport alternatif sur la mise en oeuvre des suggestions et recommandations générales du Comité pour l’élimination de la discrimination à l’égard des femmes, August 2018.

¹⁶ Agence Ivoirienne de Press, [Le gouvernement renforce le dispositif de protection des victimes de violence domestique](#), September 6, 2021.

of the representatives made a point of saying PNSME fully supported the SAFE ENGAGE message that linked unsafe abortion and maternal mortality. PNSME's change in perspective happened after a change in the organization's leadership in November 2018. The incoming coordinator was a family planning specialist.

Some PRB SAFE ENGAGE partners were also partners on the PNSME report: AIBEF, Agence Ivoirienne de Marketing Social, EngenderHealth, Ipas, Médecins du Monde, Pathfinder, and PSI. Also, the substantive mentions of abortion in the report are consistent with the SAFE ENGAGE vision and messaging and with the Maputo Protocol:¹⁷

- *As do STI/HIV/AIDS, undesired pregnancies, risky abortions, and obstetric complications, all pose a serious threat to the sexual and reproductive health of adolescents and youth. (p. 18)*
- *For adolescents and youth, it is necessary to assure... access to a complete set of integrated reproductive health care services that include protection against STI/HIV/AIDS, postabortion care, and safe abortion in accordance with the Maputo Protocol ratified by Côte d'Ivoire. (p. 30)*

- *For adults, it is necessary to guarantee access to family planning information and services to plan pregnancies and protect against STI/HIV/AIDS, to ensure the right to choose whether or not to marry, to choose one's marriage partner, and to ensure access to the complete continuum of reproductive care services, such as birth assisted by a qualified attendant, emergency obstetric care, postabortion care, and safe abortion, and infertility treatment. (p. 30)*
- *Challenges and priorities in sexual, reproductive, and child health: For adolescents and youth, reducing the practice of conducting abortions under poor conditions is a challenge and a priority. (p.31)*
- *Essential components of sexual, reproductive, and child health include postabortion care and safe abortion following the current laws of the land. (p. 37)*

The above statements reflect PNSME's improved knowledge about the standing of ratified international agreements under Ivorian laws. This shift in PNSME policy could also have been affected by their collection of abortion data for PMA2020 and the influence of development donors such as Agence Française de Développement, United Nations Population Fund, and United States Agency for International Development.

¹⁷ Direction de coordination du programme national de santé de la mère et de l'enfant (PNSME), [Politique Nationale de la Santé Sexuelle, Reproductive et Infantile](#), May 2020, Abidjan, Côte d'Ivoire, Ministère De La Santé Et De L'hygiène Publique, Direction Générale De La Santé.

VI. Results

In order to prove the contribution claim that the SAFE ENGAGE co-creation and dissemination process influences a policy change, we must first confirm the outcome of interest and look for evidence that critical aspects of the SAFE ENGAGE process actually happened. In the case of the 2019 change in the penal code, the policy change took place, but the timing of the SAFE ENGAGE events did not instill confidence as to the influence of the project on this policy outcome. In this section, we review the data and reasons for rejecting the claim.

Below is a summary of the preliminary review of evidence for the contribution claim: The SAFE ENGAGE task force recommendations influenced the 2019 revision of the penal code to expand access to safe legal abortion to rape victims (see Table 3 above). The evaluation team did not elaborate detailed probabilities and justifications for Sensitivity and Type I Error because initial triage of evidence in project documents and public records did not provide tangible support for the claim.

— Key Components of SAFE ENGAGE Implementation

The data collected provides evidence that critical steps (see Figure 2) of the SAFE ENGAGE process took place. First, signed terms of reference and meeting attendance sheets show that the project established a task force and task force meetings took place. Second, meeting notes and trip reports provide information on how task force members participated in task force meetings, showing that they made presentations and actively directed the content and look of the video. Third, feedback forms for each official meeting indicate that task force members gained knowledge about what the current law allows with respect to abortion and how to advocate for a reproductive health law that reflects the Maputo Protocol and international human rights agreements. Fourth, meeting notes document the task force's shared vision

that included communication objectives for the video, target audiences, and messages.

— Intermediate and Ultimate Outcomes

The SAFE ENGAGE project involved building knowledge and cohesion among champions for safe legal abortion in the process of developing an advocacy tool. In Côte d'Ivoire, these champions ultimately hoped to support a proposed reproductive health law that included safe abortion. The feedback forms for the task force meetings show remarkable consistency in the mention of knowledge about abortion data and laws. Meeting notes underscore the task force members' acceptance of the data linking maternal mortality and unsafe abortion.

Ultimately, the SAFE ENGAGE project hoped that:

- Dissemination of the data and video would lead to expressions of support among community and religious leaders for messages and recommendations from the task force.
- Dissemination of the video would increase local dialogue around reproductive health issues and would secure community and religious leaders' support for a reproductive health law that includes safe abortion.

Emails, meeting notes, and project reports indicate formal and informal dissemination efforts yielded expressions of community support for the messages related to maternal morbidity and reproductive health care. These include supportive statements from ministers and community leaders and also signed declarations of support for reproductive health care. In the preliminary review of evidence, evaluators did not find evidence that dissemination events led to expressions of support specifically for a reproductive health law that includes abortion.

— Contribution Claim—Change in Penal Code

Soon after a SAFE ENGAGE task force was formed in Côte d'Ivoire in 2018, a proposed reproductive health law that called for legal abortion in compliance with the Maputo Protocol was presented to the government and stalled after objection by religious leaders. A year later in June 2019, the penal code changed to include legal abortion in the case of rape. The SAFE ENGAGE project timeline in Côte d'Ivoire does not suggest that dissemination of the video could have influenced the drafting of the law. The local consultant working with PRB does, however, believe that the deputies who voted on the law would have been exposed to the data and messages. In the review of project documents, news coverage, and public records, no tangible evidence emerged to support any influence of the SAFE ENGAGE data and messages on the opinion of those deputies who passed the penal code changes. Ongoing efforts, since 2015, to align national laws with international human rights could account for this change in the penal code.

Because a preliminary review of evidence did not support the plausibility of SAFE ENGAGE having enough time to influence the abortion changes in the 2019 penal code, evaluators did not do a more detailed review of evidence. Also, documentation of dissemination efforts did not identify specific deputies who might have been exposed to the SAGE ENGAGE data and messages prior to the vote on the new penal code.

Failure to find evidence to support the influence of the SAFE ENGAGE project on making abortion legal in the

case of rape in Côte d'Ivoire does not mean that the project had no influence. Contribution tracing analysis for this report focused on one pathway through the task force and dissemination of the video. It did not explore deeply the effect of stories published by journalists who participated in SAFE ENGAGE media training, nor did it pursue the causal link to other potential outcomes identified in the course of investigating the change to the penal code.

— Unanticipated Outcomes

Another potential outcome did emerge in gathering information about the intermediate change in attitudes of task force members. There was an organizational shift in the PNSME perspective on abortion as part of a continuum of reproductive health care. Future contribution tracing might investigate the claim that:

- The SAFE ENGAGE co-creation process is one factor that influenced PNSME to include safe abortion in its national sexual, reproductive, and child health policy document published in May 2020.¹⁸

The analysis would have to assess this claim in light of the influence of PNSME leadership and development partners.

SAFE ENGAGE dissemination extended through 2021. News reports indicate that the penal code will be revised again in 2021 to consider protections for victims of rape, domestic violence, and sexual assault. If access to legal abortion is expanded when the law changes, there should at least be a preliminary assessment of the possible influence of SAFE ENGAGE dissemination activities.

¹⁸ PNSME, Politique nationale de la santé sexuelle, reproductive et infantile, May 2020.

VII. Lessons Learned

Contribution tracing assessment provides some lessons regarding project documentation and collection of data on outcomes. Some of these lessons follow below.

The supplemental meetings on dissemination provided a lot of information about dissemination activities that the task force members led. Review of meeting notes provided some lessons learned by the task force as they conducted dissemination workshops. They stated:

- People that view the videos are very satisfied with them and are convinced of the need to act in order to save lives.
- Local communities in which the videos have been shown committed to actions to promote reproductive health and access to contraceptives.
- Those with strong religious convictions (not necessarily religious leaders) speak out against some video messages after the events.
- Some imans have strongly supported the SAFE ENGAGE messages.

These supplemental meetings might be a useful addition to the SAFE ENGAGE intervention model.

Good project documentation, including trip reports and meeting notes, facilitated data collection. Based on evidence of the sequence of the project intervention and how this compared with the timing of the 2019 revisions to the penal code, it was clear that the SAFE ENGAGE intervention was unlikely to have influenced the changes in the penal code. To make a decision about whether to move forward with more data collection, precise dates were not needed for all SAFE ENGAGE dissemination activities. However, often in contribution tracing the sequence of events is crucial to making an assertion of influence. Had we decided to move forward in tracing a claim, missing dates in records would have been problematic. Actual dates of some meetings, media products, and some dissemination events would have had to be traced through project financial records or other means because they were not captured elsewhere in project documentation. This would take considerable amounts of time. The lack of precise dates often occurred when events

were led by Ivorian partners or when the local consultant participated in meetings without PRB staff. To apply contribution tracing efficiently, it is important to provide more guidance to project staff regarding documentation.

Technical content delivered by guest speakers was not documented in as much detail as procedural information. This meant documentation of crucial background information about the state of abortion law and issues required more desk research on the part of evaluators than expected. It also signals loss of valuable technical nuances held only in memory over time, making startup of future efforts more expensive and perhaps slower than necessary.

On the other hand, the meeting notes prepared by the local consultant for the SAFE ENGAGE task force events were exceptional. She captured discussion that reflected participants' opinions or positions on issues. PRB staff trip reports tended to focus on procedural documentation, though they included some reflection on the participation of organizations and context information on personnel changes within Ivorian organizations.

In addition, project documentation reflects staff efforts at the beginning of the intervention to understand the context and the actors. As the project progressed, the documentation is mainly monitoring of the project-led activities and outputs. Integrating qualitative efforts to collect information on other organizations' activities, policy dialogue, and policy change might have surfaced information about project impact on activities being undertaken by task force members' organizations. This information is not easily captured in interviews six months to a year after the last project event.

Taking more moments throughout the process to have the task force pause and reflect might have identified policy dialogue or policy change outcomes to watch for. Starting contribution tracing earlier based on the theoretical model and initially focusing on task force members' knowledge and attitude change might also have helped teams to capture data on key intermediate outcomes in the causal chain.

Future projects could potentially formalize the role of the local consultant or facilitator and project staff in capturing observations about how task force members respond to presentations, data, and attitude exercises. Currently, there is no specific guidance on what to include in meeting summaries or feedback forms. Providing project staff with a checklist for the meeting summaries could enhance ongoing recordkeeping. The checklist could ask that meeting notes or a separate set of facilitator notes include observations on task force members' knowledge acquisition, reactions to content, or group dynamics.

The feedback forms used for Côte d'Ivoire provided a sense of what participants were getting from meetings and what they perceived to be next steps. These were completed routinely for each meeting. These forms could be adopted for SAFE ENGAGE implementation in other countries.

One last observation to note about this intervention is the productivity of the task force and journalists. The task force took ownership of the process early, clearly shaping the products to stay within the bounds of the law yet advocate for changes to align with the Maputo Protocol and better reproductive health care. The number of media stories and interviews that journalists from the workshop produced may also have been due to the engagement of the task force in these media workshops. Members were credible sources of information and, as leaders in civil society or government, were also the types of sources around which stories could be built. With respect to dissemination, the task force organizations have promulgated the key messages in communities, developing understanding in the population in ways that may help overcome resistance to a reproductive health law that includes decriminalization of abortion in alignment with the Maputo Protocol.

VIII. Conclusion

The SAFE ENGAGE intervention in Côte d'Ivoire did not produce policy change. Task force members' dissemination of the videos did, however, contribute to policy dialogue at the local community level. Directly following SAFE ENGAGE events in local communities, officials made commitments to sensitization around reproductive health issues. At least one community made a commitment to buying contraceptives, and some religious leaders even spoke in support of some of the recommendations.

In preliminary review of whether expected data exists regarding the contribution claim that the co-creation and dissemination intervention influenced a change in the penal code, the evaluator discovered a May 2020 PNSME national policy report that reflects a shift in the organization's approach to abortion. The possibility that SAFE ENGAGE contributed to this shift in perspective has not been evaluated. Some of its attributes suggest that the link between SAFE ENGAGE and changes seen in this report would be worth investigating:

- The report directly discusses safe abortion as part of a continuum of reproductive health care and includes abortion in the discussion of reproductive health care priorities and challenges. This contrasts with previous PNSME reports that only included postabortion care indicators.
- This PNSME report was also endorsed by several nongovernmental organizations and international

development partners, something not seen in the PNSME March 2019 national policy report.

In Côte d'Ivoire, the SAFE ENGAGE co-creation and dissemination process overlapped with the SAFE ENGAGE media training. Some task force members made presentations or participated in a panel at PRB workshops for selected journalists and an informational meeting for editors-in-chief. The media training was not designed to disseminate the SAFE ENGAGE messages developed by the task force. However, the availability of task force members for interviews and their interaction with the journalists created another path through which the task force could influence policy dialogue.

Local ownership of the messages around abortion is a hallmark of the SAFE ENGAGE intervention. This feature resonated throughout the co-creation and dissemination process in Côte d'Ivoire. The task force embraced supplemental meetings and, in particular, pushed to ensure that messages aligned with the reproductive health law that was under consideration. The group made clear from the outset that their work should not undermine this effort. And when it came to dissemination, though the task force members competed for dissemination funds, they shared early lessons and sought to align future efforts. These actions not only demonstrate local ownership, but they also exemplify achievement of a common vision and cohesiveness that PRB believes improves effectiveness of advocacy and policy dialogue.

Additional Resources

- Barbara Befani and Gavin Stedman-Bryce, "[Process Tracing and Bayesian Updating for Impact Evaluation](#)," *Evaluation* 23, no. 1 (2017): 42-60.
- Johannes Schmitt and Derek Beach, "[The Contribution of Process Tracing to Theory-Based Evaluations of Complex Aid Instruments](#)," *Evaluation* 21, no. 4 (2015): 429-447.
- Gavin Stedman-Bryce, *Contribution Tracing Masterclass*, Pamoja Evaluation Services (2017).

Appendix A

List of Organizational Affiliations of SAFE ENGAGE Côte d'Ivoire Task Force Members

National ministries

- Comité National de Lutte contre les Violences Faites aux Femmes et aux Enfants, Ministère de la Femme, de la Famille et de l'Enfant.
- Ministère de la Femme, de la Protection de l'Enfant et de la Solidarité.
- Ministère de la Santé et de l'Hygiène Publique (Ministry of Health):
 - Direction des Soins Infirmiers et Maternels (DSIM).
 - Programme National de la Santé de la Mère et de l'Enfant (PNSME).
 - Programme National de la Santé Scolaire et Universitaire (PNSSU).
- Ministère de la Promotion de la Jeunesse de l'Insertion Professionnelle et du Service Civique, Direction de la Protection des Jeunes (DPJ).
- Ministère du Plan et du Développement, Office National de la Population.

National and international nongovernmental organizations

- Association des Femmes Juristes de Côte d'Ivoire (AFJCI).
- Association Ivoirienne pour le Bien-Etre Familial (AIBEF).
- Agence Ivoirienne de Marketing Social (AIMAS).
- Association de Soutien à l'Autopromotion Sanitaire et Urbaine (ASAPSU).
- Association des Sages-Femmes Ivoiriennes (ASFI).
- CARE Côte d'Ivoire.
- EngenderHealth.
- Institut National de la Statistique.
- Ipas.
- Jeunes Ambassadeurs SR-PF Côte d'Ivoire (Young Ambassadors).
- Médecins du Monde.
- Mission des jeunes pour l'Education, la Santé, la Solidarité et l'Inclusion (MESSI).
- Pathfinder International.
- PSI Côte d'Ivoire (PSI CI).
- Réseaux des Champions en Plaidoyer pour le Financement Adéquat de la Santé (RCPFAS).
- Société de Gynécologie et d'Obstétrique de Côte d'Ivoire (SOGOCI).

Appendix B

— SAFE ENGAGE Media Training

PRB SAFE ENGAGE also conducted media training in Côte d'Ivoire while the video co-creation process was ongoing. The media work was designed to give journalists both the knowledge and network to produce informed stories about abortion in a way that was appropriate for their outlets and communities. It was intentionally run in parallel to rather than integrated with the work of the task force since it was not meant to either promote the ENGAGE video or the task force's work. The causal chain for media training influence on policy dialogue and ultimately policy change is provided below (Figure B1, page 26).

Though the PRB Washington-based staff provided data and resource materials, and assisted the media trainers in identifying expert speakers on safe abortion, the PRB staff implementing media training were not involved in the task force or co-creation of videos. The trainings took place January 22-24, 2019, and August 31-September 7, 2019. Thus, PRB SAFE ENGAGE media training started about three months before the launch of the SAFE ENGAGE videos and about six months before changes in the penal code.

PRB held a meeting of editors-in-chief the day before the first workshop. This meeting included presentations by a PNSME professional working with PMA2020 data. It was also an opportunity to introduce the editors to the SAFE ENGAGE project and issues of maternal mortality aligned with unsafe abortion.

At the first media training workshop, there were 14 participants. They were all from Abidjan and worked for both government and opposition newspapers, radios, online publications, and TV. Two were associated with networks that specialize in health reporting. One of these networks is associated with PNSME and covers their events: PMESMECI (Professionnels de médias engagés pour la santé de la mère et de l'enfant en Côte d'Ivoire). The other, Radio Dialogue Citoyens, is a network of local and regional media.

The focus of the first journalist workshop was on maternal mortality, which would lead into the topic of unsafe abortion without focusing directly on it. PMA2020 data were also presented at the journalist workshop, but with more discussion of abortion. The workshop also included the Ipas exercise on values clarification. On the third day of the workshop, participants elaborated story ideas.

The training produced an unusually high number of news stories immediately after the workshop. Of particular note is an interview on Al Bayane (rated the most-listened-to radio station in Côte d'Ivoire) with an imam who said that Islam is in accord with the current abortion law's provision that allows abortion in order to save a woman's life. This was new information for the journalist, who had said the day before at the workshop that Islam never allows for abortion. Another guest on the same talk show talked about the need for parents to provide education on sexual and reproductive health to their children.

Between workshops, PRB consultants:

- Maintained contact with journalists and collected their stories.
- Kept count of productions and assessed which journalists were doing a good job of reporting on the issues.
- Asked if journalists received feedback from the public regarding stories produced.
- Contacted workshop presenters and others in Abidjan for their opinions on stories from the workshop.
- Planned a second workshop.
- Asked journalists if the Ministry of Health had been willing to answer their questions.

Six months after the first workshop, an international consultant and local consultants conducted a second three-day workshop in Abidjan. It provided journalists with information about the proposed reproductive health law so they could write effective stories on the

need to increase access to safe abortion. The workshop featured a panel of task force members. AIBEF opened the workshop and representatives from some organizations participating in the task force (Ipas, PNSSU, Médecins du Monde, and IPPF) also attended portions of the workshop. Invited speakers included the PRB local consultant that facilitated task force meetings. A panel of senior journalists spoke about strategies for getting a story on the front page.

Participants in the second workshop got to view the SAFE ENGAGE videos that had been co-created with the task force.

Both workshops featured site visits. This was a means of providing journalists with access to credible sources. While the first workshop had only one site visit, the second had three.

The journalists' stories covered a range of reproductive health and family planning topics. By May 2019, journalists participating in the first workshop had written or produced two stories on maternal mortality and abortion. Four had written stories on the SAFE ENGAGE project, of which two featured information about current laws. These stories tended to include interviews with task force members or a Ministry of Health official.

FIGURE B1
SAFE ENGAGE MEDIA TRAINING CAUSAL CHAIN



