

# THE LANCET

## Global Health

### Supplementary appendix

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## **Appendix: The Incidence of abortion and unintended pregnancy in India, 2015**

### **Overview**

Appendix Part 1 describes the methodology used to estimate the incidence of abortion, total pregnancy and unintended pregnancy in India.

Part A is organized according to the three major components used to estimate abortion incidence in India. For each component, we discuss data sources, adjustments to available data, sensitivity analyses and in the case of one component, how state-level estimates were used to calculation national results.

Component 1: Facility based abortions. These include induced abortion performed in facilities with the capability of performing abortion services: public and private hospitals, clinics, community health centers, primary health centers, maternity and nursing homes, medical colleges and few other types of facilities.

Component 2: Medication abortions outside facilities. These include abortions using medication abortion drugs, obtained and administered outside of government, private and nonprofit health facilities.

Component 3: Other abortions. These abortions are those obtained outside of health facilities and are not medication abortions. They may include abortions using a range of methods used by other non-medical providers or self-induced abortions.

Part B discusses calculations for estimating the national total number and rates of abortion, total pregnancy and its components, intended and unintended pregnancy in India in 2015.

Appendix Part 2 provides detail about the design and implementation of the Health Facility Survey (HFS). It includes information about the sample design; existing lists of facilities and a listing activity, which was undertaken for some categories of facilities for which lists of the universe of facilities do not exist; results of the fieldwork; and the calculation of sample weights.

Appendix Part 3 provides the Hindi/English version of the Health Facility Survey questionnaire. The questionnaire was also translated into the languages of the study states for Assam, Gujarat and Tamil Nadu.

## Appendix Part 1: Methodology for estimating incidence of abortion and pregnancy

### Content

Part A. Estimating state-level abortion incidence.....	4
A.1 Component 1: Facility-based abortions.....	4
A.1.1 NGO sector – facility-based abortions .....	4
A.1.2 Public and private sector facility-based abortions from Health Facilities Survey (HFS) for six surveyed states.....	4
Table A.1 Universe of facilities and completed number of interviews, HFS, for each of six focus states, India 2015.....	5
Table A.2 Total number of induced abortions estimated HFS, six surveyed states .....	5
A.3 Scaling up public and private sector facility based abortions.....	6
Table A.3 Geographic regional grouping of surveyed and non-surveyed states .....	6
A.1.3a Universe of health facilities .....	6
A.1.3b Assumptions and calculations to scale up from surveyed to non-surveyed states .....	7
Table A.4 Example of estimating facility universes, and abortion caseloads and total abortions in non-surveyed states.....	7
A.1.4 National estimates of facility-based abortions.....	9
Table A.5 Facility based abortion in six regions and nationally .....	9
A.1.5 Computing standard errors for HFS estimates.....	10
Table A.6 Total number of MTPs, standard errors and confidence intervals around MTP totals, six surveyed states.....	5
A.2 Component 2: Medication abortion outside of health facilities.....	10
A.2.1 Data sources .....	10
A.2.1a For profit sector drug sales .....	11
A.2.1b Nonprofit sector drug sales .....	11
A.2.2 Data adjustments to MA drug sales.....	11
A.2.2a Adjustments to IMS drug sales data .....	11
A.2.2b Adjustments to for-profit and nonprofit MA data combined.....	11
A.2.3 Calculating component 2: Medication abortion outside facilities .....	12
A.2.4 Results: Medication abortion outside facilities.....	12
Table A.7 Medication abortions outside of facilities in six regions and nationally .....	12
A.3 Component 3: “Other” induced abortions .....	12
A.3.1 Indirect estimate of the proportion of “other” abortions.....	13
Table A.8 Other types of abortion in six regions and nationally.....	13
A.3.2 Sources explored and found to be not usable .....	13
A.4 Sensitivity analysis.....	14

A.4.1 Variables used in sensitivity analysis .....	14
Table A.9 Variables used in sensitivity analyses.....	14
A.4.2 Calculation of total number of abortions and upper and lower bound estimates .....	14
Table A.10 Medium, low and high estimates of the number of abortions and abortion rates for the six study regions, 2015 .....	15
Part B. National Estimates of Abortion, Pregnancy and Unintended Pregnancy, 2015.....	15
B.1 National estimates of the number and rate of abortion.....	15
Table A.11 National medium, low and high estimates of the number of abortions and the abortion rate for India, 2015.....	15
B.2 Estimating Pregnancy at the National Level .....	16
B.3 Estimating intended and unintended pregnancies.....	16
Table A.12 Pregnancy Rates and number of pregnancies by component, for the six study regions and national estimates, 2015 .....	17



## **Part A. Estimating the Three Components of Abortion Incidence**

### **A.1. Component 1: Facility-based abortions**

Facility-based abortions comprise those that are provided in facilities in the public and private sectors and those in NGO facilities. Our estimates of abortions in public and private sector facilities, from a Health Facility Survey (HFS) of a representative sample of these facilities conducted in six states: these six states represent major regions, and as described below, national estimates were obtained by weighting up from the six states to all states in the country. NGO service provision data were obtained separately (described in A.1.2), to supplement the data collected in the HFS. To ensure no duplication of facilities occurred between these two data sources, NGO facilities captured in the HFS were carefully crosschecked with the NGO service provision data.

#### **A.1.1 NGO sector – facility-based abortions**

National and state-level data were obtained for 2015 on the total number of surgical and medication abortions provided by NGOs in their own clinics. NGOs for which we obtained data include Family Planning Association of India (FPAI), Janani, Marie Stopes International (MSI), Population Health Services India (PHSI), Parivar Seva Santha (PSS), World Health Partners (WHP) and MSI Franchise clinics.

These data include the total number of abortions provided, by NGO clinics by state for all states in India. The national-level distribution by abortion method among each NGO was also provided. In order to calculate the number of medication and surgical abortions provided by each NGO at the state-level, we assume the distribution by method in each state is equal to that at the national level. Applying this distribution to the total number of abortions as reported by NGOs in each state, allowed us to estimate the number of medication and surgical abortions occurring in such facilities in the six study states in 2015.

#### **A.1.2 Public and private sector facility-based abortions from HFS for six surveyed states**

The HFS was our primary data source for facility-based abortions. It was conducted in six states—Assam, Bihar, Gujarat, Madhya Pradesh, Tamil Nadu and Uttar Pradesh—that comprise about 45% of the population of women 15-49 (See Appendix Part 2 for a full description of the design of the survey). These six states were selected to represent six major regions with the goal of generalizing from each to their respective regions, for Component 1, facility based abortions. In addition to geographic location, population size and key sociodemographic characteristics were used to select the six states to represent their respective regions. The HFS collected data on the number of induced abortion patients served, by type of procedure (surgical abortion and medication abortion) in 4,001 public and private health care facilities (Table 1.1). The sample of facilities was designed to provide representative data from all public and private health facilities in each state, for the purpose of estimating the total number of facility-based abortions in each state. The sample included facilities that were both registered and unregistered to provide MTP. A small number of NGO facilities were captured by the HFS sample, but upon further checking some of these were found to be not NGO facilities but rather Trust facilities and other types of public facilities, and were accordingly reclassified. A few others that were confirmed to be NGO facilities were crosschecked with our separately collected NGO data from large NGO networks (not included in the HFS) and were confirmed to be unique facilities, non-duplicative of clinics operated by the large NGO networks that were already covered. These few facilities were treated as private facilities and weighted accordingly.

**Table 1.1. Universe of facilities and completed number of interviews, Health Facilities Survey, for each of six focus states, India 2015**

State		Facility ownership		Total
		Public	Private	
Assam	Universe	1,307	381	1,688
	Completed interviews	150	46	196
Bihar	Universe	2,127	2,919	5,046
	Completed interviews	320	337	657
Gujarat	Universe	1,557	2,270	3,827
	Completed interviews	262	218	480
Madhya Pradesh	Universe	1,897	3,422	5,319
	Completed interviews	383	277	660
Tamil Nadu	Universe	2,264	3,853	6,117
	Completed interviews	393	393	786
Uttar Pradesh	Universe	5,092	8,695	13,787
	Completed interviews	538	684	1,222
Total in Six Focus States	Universe	14,244	21,540	35,784
	Completed interviews	2,046	1,955	4,001

*Calculating annual number of abortions per facility*

The HFS obtained from each surveyed facility the number of women who received induced abortions in the past month or year, and in the average month or year. Our calculations to estimate the total annual number of MTPs in facilities uses both of these questions.

We first convert the data to annual caseloads, multiplying caseloads that were reported for the past and average month by 12, and combining these with responses reported for the past and average year. We then take the average of the number of MTPs reported in the past and average year as the best estimate of the total annual number of MTPs in each facility. We then apply sample weights to obtain total estimates at the state level, by type of facility and ownership (Table 1.2). For information on weights, see Appendix Part 2.

**Table 1.2. Total number of induced abortions provided in public and private sector facilities, estimated HFS, six surveyed states**

State	Induced abortions
Assam	122,291
Bihar	185,169
Gujarat	120,758
Madhya Pradesh	265,421
Tamil Nadu	224,975
Uttar Pradesh	346,352

### A.1.3. Scaling up public and private sector facility based abortions

We used results from the six states covered by the HFS to develop estimates for all states in India. The process of scaling up involved three assumptions: (1) that each surveyed state represented other non-surveyed states in its region; (2) that for types of facilities for which there is no known universe (primarily private sector and a few types of public sector facilities) -- the average population ratio of women per facility of each type in the surveyed states represented the ratio of women per facility of that same type in the non-surveyed states in the region (Tables 1.3 and 1.4); and (3) that average caseloads for each type of facility in the surveyed states represent the average caseload for the same facility type in non-surveyed states in a region.

**Table 1.3. Geographic regional grouping of surveyed and non-surveyed states**

<b>Geographic region</b>	<b>Surveyed state</b>	<b>States not surveyed</b>
Northeast	Assam	Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim and Tripura
North	Uttar Pradesh	Chandigarh, Delhi, Haryana, Himachal Pradesh, Jammu & Kashmir, Punjab, Rajasthan and Uttarakhand
East	Bihar	Jharkhand, Odisha and West Bengal
Central	Madhya Pradesh	Chhattisgarh
West	Gujarat	Goa and Maharashtra
South	Tamil Nadu	Andhra Pradesh & Telangana, Karnataka, Kerala and Pondicherry

#### *A.1.3a Universe of health facilities*

For each state not surveyed, we used several sources and methods to obtain or estimate the total number of facilities of each type.

##### *Facility types with available universes*

There are known universes of major types of public sector facilities (District Hospitals, Subdivisional hospitals, community health centers, primary health centers), Medical Colleges and Employees' State Insurance Corporation (ESIC) hospitals. The Health Management Information System (HMIS), a division of the Indian Ministry of Health and Family Welfare provides updated lists of the first four types of public sector facilities listed above, for all states in the country. ESIC hospital lists are available on government websites and lists of public and private medical colleges are available on the Medical Council of India website.

##### *Facility types with no available universe*

There are no data available on the universe of other types of public sector facilities (railway and tea hospitals, urban health centers as well as a few other types of facilities (few in number and grouped together) or of private facilities (hospitals, nursing/maternity homes and clinics). To estimate the number of private urban facilities in the surveyed states, we calculated the ratio of the urban population per urban facility of each type for each of the three city size

strata used in the listing exercise (See Appendix Part 2): 5,000 to 100,000 population, 100,000 to 1,000,000 population and more than 1,000,000 population.

We applied this ratio from the surveyed state in each region to the urban populations of non-surveyed states in the same region to calculate the universe of urban private facilities in the non-surveyed states. To illustrate: if the ratio of population to urban private hospitals in large cities (population = more than 1 million) is 1: 9,234 in Madhya Pradesh, and the urban population of large cities (1,000,000+) in Chhattisgarh (one of the non-surveyed states within the Central region), is 1,122,555, then the total number of urban private hospitals in large cities in Chhattisgarh would be  $(1,122,555/9,234) = 122$  (Table 1.4).

For rural private facilities we were able to use the same principle described above, but we used the total rural population in each state as the base for the ratio of population to facility.

### ***A.1.3b Assumptions and calculations to scale up from surveyed to non-surveyed states***

#### *General approach for all regions except Northeast*

The average abortion caseload for a facility type in a surveyed state was assumed to be the same for the corresponding facility type in each non-surveyed state in a given region.(1) For example, if district hospitals in Madhya Pradesh had an average MTP caseload of 200 per year, then we assumed a district hospital in Chhattisgarh would have the same average caseload (Table 1.4). Within a given region, the average caseload for each facility type in the surveyed state was multiplied by the total number of facilities within that facility type in each non-surveyed state to estimate the total number of MTPs by facility type in non-surveyed states.

The estimated MTP counts for each non-surveyed state were divided into annual totals of surgical and medication abortion assuming the same distribution by method as estimated by the HFS for the surveyed state. These annual numbers of surgical, medication and other abortions are used later in incidence calculations.

**Table 1.4. Example of estimating facility universes, abortion caseloads and total abortions in non-surveyed states.**

CENTRAL REGION	Total urban or rural population	Universe of facilities*	Population per Facility	Weighted total annual number of MTPs	Average Annual MTP caseload	Total urban or rural population	Universe of facilities*	Calculated total annual number of MTPs
FACILITY TYPE	MADHYA PRADESH (SURVEYED)				CHHATTISGARH (NOT SURVEYED)			
<b>MAJOR PUBLIC FACILITIES</b>		<b>1,603</b>		<b>53,539</b>			<b>984</b>	<b>27,895</b>
District Hospital		51		13,104	257		27	6,937
Sub-divisional Hospital		66		7,902	120		10	1,197
Community Health Center		334		15,349	46		155	7,123
Primary Health Center, 24x7		399		4,896	12		71	871
Primary Health Center, non-24x7		753		12,289	16		721	11,767
<b>URBAN OTHER PUBLIC FACILITIES</b>		<b>285</b>		<b>13,660</b>			<b>77</b>	<b>3,175</b>
Urban Facility (5K-100K)	8,873,251	78	113,715	-	-	2,585,160	23	-

Urban Facility (100K-1M)	5,299,069	72	73,212	3,330	46	2,167,830	30	1,380
Urban Facility (1M+)	5,864,120	128	45,977	9,540	75	1,122,555	24	1,795
ESIC Hospital		7		790	113		-	-
<b>URBAN PRIVATE FACILITIES</b>		<b>3,028</b>		<b>180,236</b>			<b>838</b>	<b>49,347</b>
<b>Towns 5K-100K</b>								
Hospital	8,873,251	483	18,369	19,938	41	2,585,160	141	5,820
Nursing/Maternity Home	8,873,251	427	20,765	30,903	72	2,585,160	124	8,968
Clinic	8,873,251	423	20,961	6,951	16	2,585,160	123	2,020
<b>Towns 100K-1M</b>								
Hospital	5,299,069	266	19,888	20,280	76	2,167,830	109	8,296
Nursing/Maternity Home	5,299,069	285	18,568	17,118	60	2,167,830	117	7,018
Clinic	5,299,069	25	213,536	4,393	177	2,167,830	10	1,770
<b>Towns 1M+</b>								
Hospital	5,864,120	635	9,234	49,128	77	1,122,555	122	9,438
Nursing/Maternity Home	5,864,120	284	20,643	14,684	52	1,122,555	54	2,791
Clinic	5,864,120	198	29,557	16,840	85	1,122,555	38	3,225
<b>RURAL PRIVATE FACILITIES</b>		<b>388</b>		<b>14,584</b>			<b>145</b>	<b>5,444</b>
Hospital	52,537,899	171	307,108	10,773	63	19,603,658	64	4,030
Nursing/Maternity Home	52,537,899	81	644,926	2,592	32	19,603,658	30	954
Clinic	52,537,899	136	387,576	1,220	9	19,603,658	51	459
<b>OTHER TYPES OF FACILITY</b>		<b>15</b>		<b>3,402</b>			<b>5</b>	<b>1,134</b>
Medical College**		15		3,402	227		5	1,134
Public Medical		9		1,446	227		4	907
Private Medical		6		1,956	227		1	227
<b>TOTAL</b>		<b>5,319</b>		<b>265,421</b>	<b>50</b>		<b>2,049</b>	<b>86,995</b>

\*Major public facilities, ESIC hospitals and all medical colleges use known universes and private hospitals, clinics, nursing and maternity homes as well as "other" types of urban public facilities use estimated universes

\*\* Public and private Medical Colleges were combined when calculating average MTP caseloads.

#### *Additional assumption for states within the Northeast region*

In the Northeast region, the surveyed state, Assam, is by far the largest and most urban state in the region, accounting for about two-thirds of the region's population. The other seven states have much smaller ratios of population to public facilities compared to Assam. Because of these factors, we made a further adjustment to the caseload for facilities in the seven small Northeast states—assuming that facilities in these seven states would have smaller caseloads than Assam: The annual caseload for each type of public facility (except for medical colleges) were reduced proportional to each state's ratio of their population of women ages 15-49 to that of Assam. For private facilities and urban public facilities, the ratio used was of the non-surveyed states' urban population to Assam's urban population in cities of the same size.

For example, district hospitals in Assam had an annual MTP caseload of 27,047, and Mizoram’s female population of reproductive age is 3.6% of Assam’s, the caseload for district hospitals in Mizoram would be 3.6% of 27,047, or 993.

To estimate the caseloads in private facilities of all types and urban public facilities in the non-surveyed states, the ratio of the non-surveyed states’ total urban population in small cities (the seven non-surveyed states in the Northeast have overall small populations, and only had towns in the size range of 5,000 to 100,000 total population ) to Assam’s urban population in cities of the same size was calculated and applied to the total caseloads in those types of facilities in small cities in Assam. For example, the total annual MTP caseload in private hospitals in urban areas of 5,000 to 100,000 population was 1,633 in Assam, and the urban population in Manipur is 22.1% of that in Assam, then the total MTP count in urban private hospitals in Manipur is 18.8% of 1,633, or 307.

Only four of the non-surveyed states had medical colleges in the Northeast region. Because of the unique role that medical colleges play in service provision in general, we assumed that the annual caseload of medical colleges in non-surveyed states would be the same as the average caseload for this type of facility in Assam.

#### A.1.4. National estimates of facility-based abortions

The total annual number of MTPs were summed across all facility types to estimate the total number of MTPs for that state. Then, the total annual number of MTPs in all states (surveyed and non-surveyed) in each region were summed to estimate the total annual number of MTPs for that region. Then, the regional totals were summed to provide national estimates of public and private health facility-based abortions. These totals were combined with the NGO abortion service data to produce region-specific and national estimates of all facility-based abortions in India (Table 1.5).

**Table 1.5. Facility based abortion in six regions and nationally**

State	Source		Total facility based abortions
	HFS	NGO	
Northeast	195,976	699	196,675
East	866,242	30,326	896,568
West	333,514	10,859	370,652
Central	352,416	18,236	712,063
South	704,947	7,116	228,553
North	824,884	30,037	854,921
India (national)	3,277,979	97,273	3,375,252

#### A.1.5. Computing standard errors for HFS estimates

The computation of standard errors, requires that we make adjustments for the design of the probability sample in our study – the HFS. To collect the HFS data, we used a probability proportional to size (PPS) sampling method to select districts in a state (see Appendix Part 2 for a full description). In each of the six states, we selected 70% of all districts, from which to sample facilities. All facilities in our sample were obtained from this 70% sample of districts, except two types of facilities: medical colleges and ESIC hospitals. ESIC hospitals are public sector facilities that cater to specific groups of government employees, such as military personnel or railway employees.

We conducted a census of all medical colleges and ESIC hospitals in each of the states in our sample, regardless of location, and they were selected with 100% probability into our sample.

In order to make sample design adjustments, we ordered all selected districts by size, from the largest to the smallest. We treated district size as the strata, and grouped adjacent pairs of districts in one strata. If the last district in the list did not have a pair, it was included in the strata with the previous pair of districts. Therefore each strata had at least two districts and sometimes three. Each district was treated as the cluster from which we sampled facilities.

All medical colleges and ESIC hospitals in a state were treated as being grouped into one strata, regardless of location. Every medical college and ESIC hospital was treated as an independent cluster within that strata.

We also made finite population corrections (fpc) to adjust for correlation between samples. A variable was created to make this adjustment with a value set to 0.7 for those clusters that were part of the 70% sample of districts. For the clusters in the census group, the value of the variable was set to 1. The strata, cluster and fpc variables were included while estimating the state-level statistics to obtain the associated standard errors and confidence intervals (Table 1.6).

**Table 1.6. Total number of MTPs, standard errors and confidence intervals around MTP totals, six surveyed states**

State	Total number of MTPs	Standard Error	Coefficient of Variation	95% Confidence Interval	
Assam	122,291	12,338	10%	100,559	144,022
Bihar	185,169	18,859	10%	153,157	217,586
Gujarat	120,758	13,198	11%	98,138	143,378
Madhya Pradesh	265,421	19,224	7%	232,966	297,876
Tamil Nadu	224,975	19,451	9%	192,462	257,487
Uttar Pradesh	346,352	44,707	13%	271,270	421,434

## A.2. Component 2: Medication abortion outside of health facilities

### A.2.1 Data sources

National-level data for medication abortion (MA) drug sales were obtained from both for-profit and nonprofit sectors.

#### A.2.1a For profit sector drug sales

We obtained MA drug sales data from IMS Health, a company that compiles and provides health service data, and routinely captures sales of medication abortion drugs by the for-profit sector. IMS Health estimates that their numbers represent 95% of sales in the for-profit market; they supply distributors who in turn sell to smaller distributors, and do not include government tenders. Data on sales of the combined regimen of mifepristone and misoprostol, known as combipacks (each containing the correct dosage for one abortion), as well as mifepristone tablets alone (which induce abortion when combined with misoprostol) were obtained for 2015, for all states in India. These data comprise all sales within India, and exclude formally exported commodities.

#### A.2.1b Nonprofit sector drug sales

We obtained national-level data (i.e. not state-specific) on the number of MA drugs distributed by four major nonprofit organizations who are active in this field – Population Services International (PSI), WHP, PSS and Janani. In addition, DKT International and MSI both provided data on their own distribution of MA drugs by state (DKT's

own distribution channel is known as A-Kare). Although only national-level data on MA drug sales are available for the four aforementioned nonprofit organizations it is important to incorporate these sources because they together comprise 25% of all NGO MA drug distribution.

### **A.2.2. Data adjustments to MA drug sales**

Several adjustments needed to be made to the MA drug sales data provided by IMS Health, DKT and MSI. These adjustments were made based on both expert opinion and assumptions that the study team made about the distribution of MA across states and the flow of MA drugs within India and to neighboring countries.

#### ***A.2.2a Adjustments to IMS Health drug sales data***

1. Because IMS Health report that their drug sales data only cover 95% of all for-profit drug sales in India, the total MA drug sales were increased by 5% to account for incomplete data.
2. The number of mifepristone-only abortions were reduced to account for women taking more than one mifepristone tablet per abortion. While one 200mg mifepristone tablet is medically indicated for an abortion, evidence suggests that some women may be instructed by providers, based on the providers' experiences or opinions, to take more than one pill at a time for one induced abortion(2). Based on the available evidence, and expert opinion, we estimate that 80% of women taking mifepristone for an abortion will take one pill, 10% will take two pills and 10% will take three pills per abortion(3). Thus, for every 130 mifepristone pills sold, there are an estimated 100 medication abortions using mifepristone alone.
3. MA drug sales in states that border Nepal were reduced to account for illegal cross-border sales to Nepal. While IMS drug sales data do not cover legally exported commodities, they do include drugs that are sold within India and then subsequently exported on the black market to neighboring countries. This necessitated further adjustments to reduce the number of MA drugs sold in India that were actually being used by women in Nepal. Data from Nepal indicate that 25% of medication abortion drugs (72,000 packets) sold in 2015 were unregistered drugs that had been imported illegally from India.(4,5) Four states in India border Nepal and would likely be the sources of these MA drugs: Bihar, Uttar Pradesh, Uttarakhand and West Bengal. We reduced the number of IMS drug sales in each of these four states by 18,000 MAs to account for this export.
4. A similar adjustment was made to the MA drug sales in states that border Bangladesh. There is also evidence that a portion of MA drugs used in Bangladesh, come from India through illegal cross-border sales.(6) Four states in India share a border with Bangladesh and would likely be the sources of these MA drugs: West Bengal, Assam, Meghalaya and Tripura. Using data from the 2014 Bangladesh Health Facilities Survey and Health Professionals Survey, we estimated around 21,000 illegal medication abortions (MAs) in the divisions in Bangladesh that border West Bengal, and around 30,000 in the divisions that border Assam, Meghalaya and Tripura.(7,8) Based on advice from experts who are knowledgeable on abortion in Bangladesh, the assumption was made that 10% of these illegal MAs are from drugs that were illegally exported from West Bengal and Assam.(5) Among the Northeast states that share a border with Bangladesh, we reduced the number of IMS drug sales from Assam only because it accounts for nearly 70% of all MA drug sales in the Northeast region and we assume that drugs are passing from Assam through Meghalaya and Tripura before crossing over the border to Bangladesh. Thus, we reduced the IMS drug sales in these two states by about 2,100 in West Bengal (10% of the estimated 21,000 illegal MAs in Bangladesh districts bordering West Bengal) and 3,000 in Assam (10% of the estimated 30,000 illegal MAs in Bangladesh districts bordering Assam).

#### ***A.2.2b Adjustments to for-profit and nonprofit MA data combined***

1. Sales of MA drugs for both the for-profit and nonprofit segments were reduced by 10% to account for wastage or non-use based on available literature sources.(9,10)
2. Five percent of all facility-based abortions – captured by both the HFS and NGO service provision statistics – were removed from the number of abortions estimated based on MA drug sales data. There is evidence that around 5% of women seeking abortion in health facilities in India have already bought MA from a



chemist or informal vendor and attempted an abortion and failed.(11) To account for this, and to avoid double counting these women in our estimates, we reduced the total number of medication abortions based on drug sales by 5% of the total number of facility-based MTPs.

### A.2.3 Calculating component 2: Medication abortion outside facilities

The second component of our estimate of induced abortion in India is the number of MAs occurring *outside facilities*. To estimate this component, and because MAs occurring in health facilities were already included in component 1, the total MA drug sales data was reduced by the number of medication abortions occurring in health facilities. To do this:

1. The number of medication abortions occurring in private and NGO health facilities (as estimated from the HFS and NGO clinic data), were removed from the total number of abortions based on MA drug sales, to avoid duplication.
2. The number of medication abortions provided as a prescription in public sector health facilities (as estimated from the HFS) were also removed from the total number of abortions based on MA drug sales to avoid double-counting these abortions. Although these MA drugs are bought outside of facilities, the women obtaining them received care and instructions from a health provider at a facility and are therefore counted in the public facility-based number of medication abortions. MA abortions that are conducted at public facilities, however, were not reduced from the drug sales data because the public sector obtains its supplies of MA drugs through a system of government tenders that is separate from IMS drug sales.

### A.2.4. Results: Medication abortion outside facilities

The result is our best estimate of component 2: the number of medication abortions occurring outside of health facilities<sup>a</sup> (Table 1.7).

**Table 1.7. Medication abortions outside of facilities in six regions and nationally**

Regions	Medication Abortions
Northeast	578,882
East	2,705,215
West	1,358,616
Central	1,061,694
South	1,844,145
North	3,913,693
India (national)	11,462,245

### A3. Component 3: “Other” induced abortions

This component comprises women who obtain abortions using methods other than MA from sources other than health facilities of the categories that were surveyed by the HFS. While it is generally considered that this group is now extremely small, as use of MA rose rapidly in the past decade, there are no broad based studies that directly quantify the size of the group of women having this type of abortion. The percent of women in this group was therefore estimated using an indirect approach, since it could not be estimated directly using data from our surveys or other data sources. A few other data sources were explored but various limitations rendered them not usable for

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<sup>a</sup> Some MAs included in our estimate of those occurring outside facilities are in fact provided, or prescribed in private doctors’ offices or consultation rooms. We cannot remove these because these types of providers were not included in the Health Facilities Survey and no other estimate exists of this category of MA abortions.

our purposes. They are briefly mentioned below because they provide some degree of triangulation with the assumption and estimate we chose and applied.

### A.3.1 Indirect estimate of the proportion of “other” abortions

Findings from the HFS show that across the six study states, 4-16% of postabortion care (PAC) patients were treated for one category of serious complications (infection of the uterus and surrounding areas) and smaller proportions were treated for other serious complications including injury (any kind of physical trauma such as laceration and perforation), sepsis and shock. Because a given PAC patient may suffer from more than one of these complications, multiple responses were allowed and these groups are therefore overlapping, and the data do not permit the estimation of an overall percentage of patients that had one or more serious complications. The overall proportion of PAC patients with one or more of these types of complications would be higher than the 4-16% mentioned above, because some women would have had one of these complications. These data provide a useful crosscheck because they indicate that at a minimum, a substantial minority of PAC patients experienced serious complications consistent with abortions that were performed using unsafe methods or in unhygienic conditions by unqualified providers.

In order to estimate the number of abortions that occur using these “other” methods and types of providers, we used an indirect technique detailed below.

1. Two Population Council studies conducted in Rajasthan and Maharashtra in 2009-10 show that 6%-8% of women reported that their recent abortions were from “Other” methods/providers.(12,13) Since there is no other high quality data on this small component of “other” types of abortion in India, we assume the mid-point (7%) to be the overall proportion of women having “other” abortions in 2009-10. We also assume the proportion of women having these types of abortions has continued to decrease between 2009-10 and 2015. Our best estimate for the amount of this reduction is based on the % *increase* in MA drug sales.<sup>b</sup>
2. Based on IMS data obtained for 2009-10 and 2015, MA drug sales have increased by around 26% during that time period. We therefore reduce the proportion of “other” abortions estimated for 2009-10 by the two Population Council studies (7%) by 26%, estimating that 5.2% of abortions in 2015 were obtained from “other” methods/providers.

We infer the number of women having “other abortions” relative to the total count of women in Components 1 and 2 (i.e. women having facility-based and medication abortions outside of facilities). For example, if 5% of women had “other abortions,” then:

$$\begin{aligned} \text{\#“Other Abortions”} &= [((100/95) * A) - A] \\ \text{Where A} &= [\text{Component \#1} + \text{Component \#2}] \end{aligned}$$

Lacking any data to differentiate the size of this group by state, we assume that this proportion applies to all states (Table 1.8).

**Table 1.8. Other types of abortions in six regions and nationally**

State	Other abortions
Northeast	42,195
East	195,959
West	92,653
Central	77,928
South	139,073
North	259,442
India (national)	807,251

<sup>b</sup> This approach was recommended by the Technical Advisory Committee, meeting in November, 2016.

### **A.3.2 Sources explored and found to be not usable for estimating “Other” abortions**

1. The Health Professionals Survey (HPS) provided data on the proportion of women obtaining “other” types of abortion. These proportions range between 6-9% in three of our focus states (Assam, Gujarat and Tamil Nadu), but are higher for the other three focus states (16%, 18% and 29% in MP, UP and Bihar, respectively). The current views of experts is that the proportion of women having abortions categorized as “other” has decreased over time and should now be relatively small.(14) It is possible that HPS respondents overestimated the degree to which abortions are unsafe for some states because their knowledge of this aspect of abortion provision is outdated and they may be drawing on experiences from a number of years ago.
2. Provisional results from the National Family Health Survey (NFHS-4), an external source that obtains information from a population-based cross-sectional survey of women, show fairly high proportions of women obtaining abortions from “other” sources, ranging from 8% in Tamil Nadu to 24-29% in Assam, Bihar and Madhya Pradesh. The questions asked in the NFHS-4, however, do not allow us to calculate the specific comparable proportion needed because there is no question about what method of abortion women are using. Since some (and possibly a large proportion) of NFHS-4 respondents who reported having abortions outside of health facilities would have used medication abortion, these proportions relying on the NFHS-4 would overestimate the proportion of women having “other” types of abortion outside facilities.
3. Studies by Ipas India – special tabulations from these studies provide support for the pace of decline in “other abortions” as estimated by the change in sales of MA drugs described below.(15)

### **A.4. Sensitivity analysis**

A few sub-components of the estimates are from comprehensive data sources (NGO statistics and drug sales data from for-profit and nonprofit data sources). Other sub-components are based on HFS results, expert opinion or published studies: These sub-components involve adjustments that are based on assumptions that have a certain degree of uncertainty. To account for this, we performed sensitivity analyses to calculate upper and lower bound ranges around each sub-component, depending on the certainty of the data underlying each. The total number of induced abortions for the medium estimate and the range around it are the result of aggregating the medium, lower and upper bound estimates across all sub-components.

Since Component 1 was mostly derived from survey data, we used 95% confidence intervals around the estimated number of abortions calculated in the HFS to create upper and lower bounds of the facility-based abortions. It was not necessary to perform sensitivity analyses on the much smaller number of NGO facility-based abortion because they were not survey estimates, but a comprehensive count, similar to a census.

Estimating abortions in Components 2 (number of MAs outside of health facilities) and Component 3 (other types of abortions) required making certain assumptions and adjustments related to black market MA export, differential use of mifepristone tablets, degrees to which women attempt an MA outside a facility and then later return to a facility to obtain an abortion, etc. (detailed in Sections A.2 and A.3). To perform sensitivity analyses on Components 2 and 3, we developed high and low values for each adjustment around the medium values discussed in A.2 and A.3, based on available literature and expert opinion on the likely range of uncertainty. For example, adjustments for black market export of MA drugs to Nepal and Bangladesh are based on large-scale HFS surveys, thus we assumed a relatively low level of uncertainty for these two adjustments when calculating upper and lower bounds. Adjustments for the percent of women who unsuccessfully use MA outside of a facility and then obtain an abortion in a facility is based on a small study in one state, thus we assumed a relatively high level of uncertainty for this adjustment with a wider range for the upper and lower bound estimates.

We then aggregated these high and low values around each adjustment in order to estimate a range of upper and lower bounds around each of these parameters (Table 1.7). The high and low estimates are presented along with the medium estimate of induced abortions in Table 1.8. The cumulative impact of these sensitivity analyses on the total estimated number of abortions provides a range around the recommended, medium estimate, and demonstrates how the incidence estimate would vary if we modified these adjustments.

#### A.4.1 Variables used in sensitivity analyses

The following table (Table 1.9) shows the variables for which we performed sensitivity analyses, and the range we assumed around each of them:

**Table 1.9. Variables used in sensitivity analyses on abortion estimates**

	Variable	Low	Medium	High
1	Reduced for-profit MA drug sales by informal export of MA drugs to Bangladesh from Assam and West Bengal: The proportion of illegal MA Bangladesh attributed to informal export from India(5)	13%	10%	7%
2	Reduced for-profit MA drug sales by informal export of MA drugs to Nepal, divided evenly among 4 border states: UP, Uttarakhand, Bihar, and West Bengal (4)	+25% (90,000)	72,000	-25% (54,000)
3	Reduce all MA drug sales data to account for wastage of MA drugs.(16)	13%	10%	7%
4	Reduced mifepristone-only abortions to account for differential use. Proportion of women who will use 1, 2, and 3 mifepristone pills to induce one abortion.(2,3)	70%=1 15%=2 15%=3	80%=1 10%=2 10%=3	90%=1 5%=2 5%=3
5	Percent of all facility-based abortions that is removed from the total number of MAs occurring outside of facilities [to avoid double-counting women who used MA outside of a facility and failed, then obtained an abortion in a facility]. (11)	8%	5%	2%
6	Percent “other abortions” (occurring outside of facilities and without MA).(12,13)	3%	5%	7%
7	Confidence Intervals (CI) for HFS abortion yearly totals	Low end of CI	HFS estimate	High end of CI

#### A.4.2 Calculation of total number of abortions and upper and lower bound estimates

The total number of abortions were obtained by summing the three components, separately for the low, medium and high assumptions (Table 1.10). Abortion rates were then calculated as the number of abortions occurring in 2015 per 1,000 women aged 15-49, for the medium, low and high estimates. Estimates of the 2015 population of women of reproductive age by state and region are from projections developed at the International Institute for Population Sciences, based on the 2001 and 2011 Censuses of India.(17)

**Table 1.10. Medium, low and high estimates of the number of abortions and abortion rates for the six study regions, 2015**

	Northeast	East	West	Central	South	North
<b>Total # of induced abortions</b>						
<b>Medium</b>	817,752	3,797,742	1,795,643	1,510,275	2,695,282	5,028,055
<b>Low</b>	726,112	3,397,673	1,624,714	1,376,867	2,387,528	4,538,836
<b>High</b>	915,840	4,222,946	1,975,207	1,649,089	3,033,599	5,538,706
<b>Abortion rate per 1000 WRA*</b>						
<b>Medium</b>	63.6	52.7	36.6	56.6	36.4	51.3
<b>Low</b>	56.5	47.1	33.1	51.6	32.2	46.3
<b>High</b>	71.2	58.6	40.3	61.8	41.0	56.5

\*Women of reproductive age, 15-49

## Part B. National Estimates of Abortion, Pregnancy and Unintended Pregnancy, 2015

### B.1 National estimates of the number and rate of abortion

The total annual number of each of the three major components of abortions were summed across the six regions to estimate the national total number of abortions. Using the same sources for female population, we calculated national abortion rates per 1000 women ages 15-49. The same sensitivity analyses as described in Part A were conducted for all states, and provide the results shown below, as medium, low and high estimates for national abortion incidence (Table 1.11).

**Table 1.11. National medium, low and high estimates of the number of abortions and the abortion rate for India, 2015**

	Medium	Low	High
Total # of induced abortions	15,644,748	14,051,729	17,335,388
Abortion rate*	47.02	42.23	52.10

\* Number of abortions per 1000 women age 15-49

### B.2 Estimating Pregnancy at the National Level

A second objective of the study was to estimate the number of pregnancies – both unintended and intended – occurring in India in 2015, and the outcomes of such pregnancies: the proportion of unplanned and planned pregnancies, and the distribution of pregnancies by outcome—births, abortions and miscarriages. Below we describe the methods for estimating these measures.

#### *Estimating pregnancy incidence*

Total pregnancies are obtained by combining three components: births, abortions and miscarriages. The national total annual number of live births in India is based on the United Nations Population Division 2015 birth estimates.<sup>(18)</sup><sup>c</sup> The national estimate of abortions is that estimated by this study. Miscarriages are estimated based on models that are derived from clinical studies.

#### *Estimating pregnancies that end in miscarriage*

Reporting on surveys, through direct questions to women about their experiences of miscarriages, is known to be very incomplete--women can only report what they actually know or observe and what they remember; and to some extent, reporting is also influenced by what they want to let the interviewer know. The earliest miscarriages may not be noticed—for example an early miscarriage could be mistaken for a heavy period. Conversely, some women may misreport an induced abortions as a miscarriage. Thus data from surveys of women are likely to yield inaccurate data on miscarriage. As a result, estimates of miscarriages based on clinical studies are considered to provide more accurate data on the pregnancy loss throughout gestation from week six to term. There are few such studies, and most are in developed countries; however lacking alternative sources, these studies have been assumed to provide a reasonable estimate for all countries, based on the assumption that the incidence of miscarriage is

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<sup>c</sup> Estimates of the number of live births for individual states were developed by IIPS. These estimates used the UN's 2015 estimate of births for India, and integrate data from national sources such as sample registration system to capture state specific variation in fertility level, while ensuring that the national total number of births was consistent with the UN's national estimate for 2015.

largely biologically driven, and would not vary widely across countries or subpopulations. Syntheses of such studies have been done and more detailed life table data are presented in some studies.(19–21)

To estimate miscarriage, we draw on the detailed life-table results of Harlap et al to calculate the ratio of miscarriage to events (births and abortions) for which external estimates are available, allowing an indirect estimation of the number of pregnancies ending in miscarriage. The ratios are 20% of live births and 10% of abortions. The 10% estimate is an approximation based on the fact that the average gestational age at which women have abortions is approximately 10 weeks, and detailed life-table estimates of pregnancy loss up to this gestation is about 10%.

Applying the assumptions of 20% to the number of live births in 2015 and 10% to the number of abortions, we estimate that the total number of miscarriages that occurred in 2015 in India is 6.7 million.

### B.3. Estimating intended and unintended pregnancies

We further divided the total pregnancy estimates into those that are intended and those that are unintended.

#### *Unintended pregnancies*

Using data from the 2014-2015 NFHS-4, we calculated for each state the difference between the total fertility rate (TFR) and the wanted fertility rate (WTFR) and calculated the proportion of births that are unwanted or unintended. At the national level, when all states are combined, the proportion of births that are unwanted is 19.7%. The number of unintended births is calculated by applying the proportion of births that are unwanted to the number of births in each state, and accumulated to arrive at the national number of unplanned births. We assumed that all abortions result from unintended pregnancies; however, we acknowledge that a small proportion likely result from intended pregnancies, but lack data to estimate this number for India. A study in the United States found that approximately 4% of abortions resulted from intended pregnancies, a proportion that is small enough that if true for India, would not greatly affect the estimate of unintended pregnancies.<sup>d</sup>(22) As described above, unintended miscarriages are estimated as 20% of unwanted births and 10% of abortions. By summing unplanned births, abortions and miscarriages from unintended pregnancies, we estimated the total number of unintended pregnancies (Table 1.10).

#### *Intended pregnancies*

Intended pregnancies were calculated by summing the total number of planned births (80% of all births in 2015), with the number of miscarriages from intended pregnancies (equivalent to 20% of intended births) (Table 1.12).

**Table 1.12. Pregnancy Rates and number of pregnancies by component, for the six study regions and national estimates, 2015**

Rate and Number	Northeast	East	West	Central	South	North	National
Pregnancy rate per 1000 WRA	154	154	119	172	111	167	145
Total pregnancies	1,979,118	11,092,624	5,827,222	4,600,336	8,235,229	16,401,849	48,136,379
Intended	900,719	5,456,580	3,101,582	2,358,366	4,553,498	8,454,049	24,824,793

<sup>d</sup> The effect of correcting for an overcount of unintended pregnancies by this amount would be to reduce the percent of all pregnancies that are unintended by 1.3 percentage points, from 48.4% to 47.1%.

<b>Unintended</b>	1,078,398	5,636,045	2,725,640	2,241,970	3,681,731	7,947,801	23,311,585
<b>Births</b>	899,659	5,762,590	3,210,013	2,449,195	4,392,016	9,059,157	25,772,630
<b>Abortions</b>	817,752	3,797,742	1,795,643	1,510,275	2,695,282	5,028,055	15,644,748
<b>Miscarriages</b>	261,707	1,532,292	821,567	640,866	1,147,931	2,314,637	6,719,001

## Appendix Part 2: Sample design and implementation for the Health Facilities Survey (HFS)

### Contents

A. Geographic scope.....	21
A.1 State selection.....	21
A.2 District selection.....	21
B. Facility lists.....	22
B.1 Listing plan.....	22
B.1.1 Listing in urban areas .....	22
B.1.2 Listing in rural areas.....	22
B.2 Criteria for inclusion.....	23
B.3 Facility information .....	23
B.4 Listing implementation.....	23
B.4.1 Urban private health facilities and Other Public facilities .....	23
B.4.2 Rural private health facilities .....	23
B.4.3 NGO Facilities.....	24
B.4.4 Limitations .....	24
C. Sampling public facilities.....	24
C.1 District hospitals.....	24
C.2 Sub-district/sub-divisional hospitals.....	25
C.3 Community Health Centers .....	25
C.4 Primary Health Centers .....	26
C.5 Other Public facilities .....	26
D. Sampling private and Other Public facilities .....	26
D.1 Sample design for private and Other Public facilities .....	26
D.1.1 Urban selection criteria .....	27
<i>D.1.1a Sample design for towns of population 5,000-1,000,000 .....</i>	<i>27</i>
<i>D.1.1b Sample design for towns of population of 1,000,000 and greater.....</i>	<i>28</i>
D.1.2 Rural facility sample design and selection criteria.....	28
E. Selection of medical college facilities.....	29
F. Summary of HFS Sample and Response Rates .....	29
G. Sample weights.....	31
G.1 Weights for facilities with known universes .....	31
G.1.1 Weights for district hospitals, sub-district hospitals, ESIC hospitals, CHCs and medical colleges.....	31
G.1.2 Weights for PHCs .....	32
G.2. Weights for facilities with no known universe .....	32
G.2.1 Private urban facilities.....	32



G.2.2 Other Public urban facilities.....	33
G.2.3 Private rural facilities .....	33
G.2.4 Universe calculation.....	33
<i>G.2.4a Private urban facilities and Other Public urban facilities .....</i>	<i>33</i>
<i>G.2.4b Rural private facilities.....</i>	<i>33</i>

## A. Geographic scope

The HFS collected data from a sample of facilities from each of the two main health sectors: public and private. The sampled facilities represent the universe of all facilities providing elective abortion services (MTP) and/or postabortion care (PAC) in the selected states. Weights were constructed in order to produce representative results in each of the six selected states.

### A.1 State selection

Because of India's size, it was not possible to conduct the study in every state of the country. Therefore, the study team selected six large states to maximize the percent population covered by the study, to represent several regions defined by the National Family Health Survey (NFHS), and to span a wide range of demographic, economic and socio-cultural indicators that may be related to the incidence of unintended pregnancy and abortion. The selected states are Assam, Bihar, Gujarat, Madhya Pradesh, Tamil Nadu and Uttar Pradesh, representing 45 percent of women of reproductive age. Selected indicators that show the diversity of the six study states include the percent of the population that is urban, the educational level of women, the gap between the total fertility rate (TFR) and the wanted total fertility rate (WTFR), contraceptive prevalence, and the percent of women with unmet need for family planning (Table 2.1). (23–26)

**Table 2.1. Socio-cultural and demographic indicators considered in selecting six states included in study (data available at the time the study was being designed, in 2013).**

State	Source	Assam	Bihar	Gujarat	Madhya Pradesh	Tamil Nadu	Uttar Pradesh
2011 total population (millions)	2011 Census	31.2	104.1	60.4	72.6	72.1	199.8
No. of districts	2011 Census	27	38	26	50	30	70
% urban of total population	2011 Census	14	11	43	28	48	22
% with 5+ years education*	India NFHS-3	52	27	47	36	64	29
Sex ratio at birth (females per 1,000 males)	Sample Registration Statistics, 2010-12	922	909	909	921	928	874
Total fertility rate (TFR)	India NHFS-3	2.4	4.0	2.4	3.1	1.8	3.8
Wanted total fertility rate (WTFR)	India NHFS-3	1.8	2.4	1.8	2.1	1.4	2.3
Gap between WTFR and TFR	India NHFS-3	0.6	1.6	0.7	1.0	0.4	1.5
% using contraception**	India NHFS-3	27	29	57	53	60	29
% using modern contraception**	India DLHS-3	31	29	56	55	59	27
% with unmet need for contraception**	India NHFS-3	11	23	8	11	9	21

\*Among ever-married women 15-49

\*\*Among married women 15-49

### A.2 District selection

The study team randomly selected 70% of all districts within each of the six selected states using the PPS (population proportional to size) method from 2011 Primary Census Abstract (PCA) data.(27) This resulted in a sample of 171 districts drawn from a universe of 244 districts listed in the 2011 census for the six selected states (Supplemental Table B.1).

The process of selecting districts in each state was as follows: The districts were chosen using probability proportion to the size (PPS) sampling procedure without replacement within each state.

1. Districts were ordered from most populous to least populous and the cumulative population was calculated.
2. A sampling interval was calculated (total state population divided by the number of districts to be selected).
3. A random start was generated from the cumulative population of districts using function in MS-Excel.
4. Districts were selected, beginning with the district in whose cumulative population the random start lay, by successively adding the sampling interval to the random start and selecting the district in whose cumulative population the new number lay. When this process reached the end of the list it looped back to the top of the list and continued.

During this process, if a district was selected for a second time, the next available district in the list was chosen instead (i.e., selection without replacement). This occurred five times in the selection process (twice in Bihar, twice in Gujarat and once in Madhya Pradesh).

## **B. Facility lists**

The study used lists of public sector facilities obtained from the Health Management Information System (HMIS)(28), a division of the Ministry of Health and Family Welfare (MOHFW) of the Government of India, to draw samples for district hospitals, sub-district or sub-divisional hospitals, community health centers and primary health centers. Comprehensive lists of ESIC hospitals and lists for public and private Medical Colleges are available from the Medical Council of India website,(29) but there are no such lists of other types of public facilities that we refer to collectively as “Other Public” facilities (railway hospitals, military hospitals, other municipal hospitals, urban health centers and urban family welfare centers), or of private sector health facilities (hospitals, maternity and nursing homes, and clinics). Therefore, a listing effort was designed and conducted prior to the main HFS fieldwork to obtain a comprehensive list of these facility types in selected areas of the six states.

### **B.1 Listing plan**

#### **B.1.1 Listing in urban areas**

Within each selected town or Urban Sample Unit (USU) (see below, section D), all private facilities and Other Public facilities that met specific criteria (see below) were eligible for listing. The study team used a variety of lists to help identify facilities and/or to cross check the lists generated in the field. These included the Federation of Obstetrics and Gynaecological Societies of India (FOGSI) and Indian Medical Association (IMA) lists of obstetricians and gynecologists and lists of registered abortion providers from District Level Committee (DLC) or District headquarters.(2,30,31) A team of listing fieldworkers were trained in each of the six states and the study team reviewed data they collected on an on-going basis. The fieldwork staff listed facilities systematically, district by district. The study team cleaned, coded and analyzed the listing data as it arrived. Facilities were then sampled from these lists, district by district.

#### **B.1.2 Listing in rural areas**

To create lists of rural private facilities and primary health centers (PHCs), the study team randomly selected about half (231) of the sampled Community Health Centers (CHCs), and listed all rural private facilities within each of the selected CHCs' catchment areas (roughly defined as 2-5 kilometers radius around the CHC), as well as all PHCs administratively linked to the CHC.

To list rural private facilities and PHCs, the study team used the following methodology:

1. If there was only one CHC in a district, it was selected.

2. In districts with two or more CHCs selected, a start either 1 or 2 was randomly generated. Every second CHC was selected beginning with the random start.
3. All private facilities in the catchment area of the selected CHCs were listed.

In addition to listing these categories of facilities in urban and rural areas, the study team gathered specific information on each facility for purposes of stratification and sample selection.

## **B.2 Criteria for inclusion**

Two main criteria were used to determine whether a facility would be listed. The facility must have had at least:

1. A minor operation theater or an equipped labor room where abortion or post abortion care services can be provided.
2. One obstetrician-gynecologist or an MBBS doctor on staff who provides reproductive health services.

## **B.3 Facility information**

Information collected from each listed facility included:

1. Type of facility (e.g. hospital, nursing home or clinic)
2. Number of beds (maternity and total beds)
3. Contact information (e.g. name, address, phone number, any landmark, etc.)
4. From single providers: whether the facility is the primary site where he or she practices

## **B.4 Listing implementation**

### **B.4.1 Urban private health facilities and Other Public facilities**

All private health facilities and Other Public facilities that met the listing criteria in sampled towns or USUs were listed. The data were collected and recorded on an Excel form. Just over 2,000 private facilities and 227 Other Public facilities were listed in urban areas (Table 2.2).

### **B.4.2 Rural private health facilities**

All private facilities in the catchment areas of the randomly selected CHCs were listed. The listing exercise in rural catchment areas was done concurrently with the listing exercise for urban private facilities. Information on private facilities that met our criteria and were located within the catchment area of specific CHCs was often available from the CHC staff or from nearby chemist or drug stores. From CHC staff, we obtained a list of all PHCs administratively linked to the CHC, and a list or any information about potentially eligible private providers within the CHCs' catchment areas. From chemists and drug sellers, we obtained a list or any information they had about potentially eligible private providers or facilities located in the surrounding areas. A total of 453 rural private facilities were listed among the six states.

**Table 2.2. Number of facilities listed by type**

STATE	PHCs		Urban Public Facilities		Private Facilities (rural and urban)*		Total sampled	Total listed
	Sample plan	No. listed	Sample plan	No. listed	Sample plan	No. listed		
Assam	84	190	5	12	98	80	187	282
Bihar	204	222	12	22	309	487	525	731
Gujarat	146	282	27	9	299	261	472	552
Madhya Pradesh	162	292	21	51	290	407	473	750
Tamil Nadu	180	279	37	47	383	416	600	742
Uttar Pradesh	264	421	47	86	731	812	1,042	1,319
TOTAL	1,040	1,686	150	227	2,110	2,463	3,299	4,376

\* Includes a small number of NGOs

### B.4.3 NGO Facilities

As a separate effort, not part of the listing exercise or HFS, NGO service provision data were obtained (described in Appendix Part 1, Section A.1.1), to supplement the data collected in the HFS. To ensure no duplication of facilities occurred between these two data sources, NGO facilities captured in the HFS were carefully crosschecked with the NGO service provision data, and were confirmed to be unique facilities, non-overlapping with facilities covered by the NGO networks for which complete data were collected.

### B.4.4 Limitations

Using the listing criteria described above, the intention was to list all private facilities that had the capability of providing abortion-related care (not just those confirmed to provide services). This procedure, however, was not followed consistently. After listing was completed, the study team discovered that in many cases, facilities were listed only if they were known or thought to be providing abortion-related care. Facilities that were capable of providing services according to the listing criteria, but known or assumed not to provide abortion-related services were not always listed consistently within and across states. Thus the universe of listed private facilities (and thereby the estimated universe of private facilities) does not represent the universe of all private facilities that are capable of providing abortion. As a result, for the private sector, the analysis focused only on those private facilities that actually reported providing abortion-related care.

## C. Sampling public facilities

### C.1 District hospitals

All (100%) district hospitals located in the 171 sampled districts were selected. In some districts the HMIS listed more than one district hospital. For these cases, the study team followed up with local authorities to determine which

of the facilities was the appropriate district hospital to be included in the study. The most common reason for multiple district hospitals was there was one hospital that specialized in services for women and one that served only men. In these instances, the hospital attending to female patients was selected.

Since the 2011 census, a few of the 171 sample districts were divided into two separate districts. This occurred in three districts in Uttar Pradesh, four in Gujarat and one in Madhya Pradesh. For these instances, the population of the 2011 districts (before division occurred) was used to calculate the universe populations for sample selection purposes. Initially, there was a total universe and sample of 171 district hospitals, however, during fieldwork an additional two facilities were found, totaling to 173 district hospitals.

## **C.2 Sub-district/sub-divisional hospitals**

The HMIS list of sub-district or sub-divisional hospitals (SDHs) served as the universe for selecting the sample. Two anomalies were noted: there were no SDHs listed for Uttar Pradesh and the number of SDHs in Tamil Nadu greatly exceeded the numbers in the other states.

For Assam, Bihar, Gujarat and Madhya Pradesh, 100% of the SDHs were selected. For Tamil Nadu, 25% of the SDHs were selected randomly using PPS. The SDHs were first ordered, largest to smallest, by the populations of the districts in which they were located. The SDHs within each district were randomly ordered. This method assured that more SDHs were selected in the most populous districts.

Using the HMIS list, a total of 146 SDHs were selected in the sampled districts for five states, excluding Uttar Pradesh. After the listing exercise was completed, this number increased slightly with newly identified SDHs, and a total of 152 SDHs were identified and eventually included in the HFS sample. The listing exercise confirmed that no SDHs existed in Uttar Pradesh. All the additional SDHs were found in Gujarat, increasing the total from 18 to 24. The listing exercise also found that some medical colleges became SDHs.

## **C.3 Community Health Centers**

One-third of the community health centers (CHCs) located in the 171 sampled districts were randomly selected in all states, with the exception of Bihar. In Bihar, 66% were chosen because there were significantly fewer CHCs in each district.

For each district, the number of CHCs to be selected (N) was determined as a percentage (33% or 66%) of the total number of CHCs in the district (M). The sampling interval was calculated ( $\text{interval} = M / N$ ).

The CHCs were selected sequentially, starting with the random-start CHC and continuing using the sampling interval to identify the next CHC to be chosen. A total of 438 CHCs were originally selected in this manner from the 1,282 CHCs located in the sampled districts. The overall universe of CHCs in the six states is 2,033. During the listing exercise, some additional CHCs were found, some that were selected could not be found and had to be replaced. A total of 450 CHCs were ultimately included in the final sample across the six states.

In Assam, six out of the 28 CHCs originally selected were replaced; in these cases the CHC identified in the HMIS list was either not a CHC or was not found. In Uttar Pradesh, seven sampled CHCs were found to be lower level facilities (primary health centers) during listing. In Gujarat two SDHs were found to be CHCs and therefore included in the CHC sample universe. In Madhya Pradesh and Tamil Nadu, all sampled CHCs were located.

## **C.4 Primary Health Centers**

Sampling of PHCs differed from other types of facilities in that it used a two-step process: (a) in each state a random sample of CHCs (within the sample districts) was selected; and (b) PHCs administratively linked to the selected CHCs were listed and grouped into 24x7 PHCs and non-24x7 PHCs, from which random samples of PHCs were selected.

Approximately 40% of the PHCs listed under the sampled CHCs were sampled for the HFS. The rules for selecting PHCs were adjusted as the field work proceeded to ensure that the planned numbers of PHCs per state were selected. The study used slightly different rules to select PHCs in each state due to the different ratios of PHCs to CHCs in the selected states. For Gujarat, Madhya Pradesh, Tamil Nadu and Uttar Pradesh, two PHCs per selected CHC were randomly sampled using a random generation table. Ideally, one PHC of each of two categories was represented: those open at all hours “24/7” and those with limited hours “non 24/7”. (In the field it was found that the actual proportion of 24x7 PHCs did not conform to *a priori* expectations. For instance, in several cases, there were no 24x7 PHCs under a CHC. *Ad hoc* decisions needed to be made during the field work with the goal of assuring a proportion of 24x7 PHCs around 50%. In the end, the proportions of 24x7 and non 24x7 PHCs sampled varied greatly among the states). If there was only one “24/7” PHC administratively linked to the selected CHC, that PHC was selected purposively. In Assam and Bihar, there were large numbers of PHCs and relatively small numbers of CHCs. In Assam, three PHCs per sampled CHC were chosen and in Bihar six PHCs per sampled CHCs were chosen. A total of 1,062 PHCs were sampled for the HFS across the six states.

In Assam, PHCs are administratively under block PHCs (BPHC), rather than CHCs. Therefore, selection of PHCs for the HFS sample in Assam was based on those PHCs listed as administered by specific BPHCs associated with the sampled CHCs. Also in Assam, three sampled PHCs were found to be co-located with CHCs and for these cases, replacement PHCs were selected.

## **C.5 Other Public facilities**

Certain other types of public sector facilities in urban areas, aside from the facility types described above, may also have the capacity to provide abortion services or post abortion care. These included Railway hospitals and military hospitals, as well as other municipal hospitals, ESIC Hospitals, Urban Health Centers and Urban Family Welfare Centers. Comprehensive lists of these facilities were not available except for ESIC hospitals, for which there is a complete list nationwide.<sup>(32)</sup> For all categories of Other Public facilities, the same approach was used as for listing and sampling private facilities. In the selected urban areas these facilities were listed and included in the sample. A total of 227 Other Public facilities were listed. 181 Other Public facilities were included in the final HFS sample, including ESIC hospitals.

## **D. Sampling private and Other Public facilities**

### **D.1 Sample design for private and Other Public facilities**

Sample selection for private and Other Public facilities was designed to conform to several principles. The six focus states contain about 38% of the urban population in the country as a whole. In order to produce national estimates of abortion service provision in private and Other Public facilities, the HFS was designed to cover about 3% of the all-India population in towns and cities, providing an acceptable basis for weighting up. Therefore, we drew the urban HFS sample from areas containing 7.5% of the urban population in the six states.

### **D.1.1 Urban selection criteria**

Population data and ward (municipal areas within a town) boundaries within urban areas were based on data and maps from the 2011 Census. The sample included selected wards in all cities of one million or more in the six states (i.e. not limited to the selected districts). The sample of towns with a population of fewer than one million were drawn from the same districts that were selected for the public sector sample (70% of all districts in the six states).

The first stage of the urban sample design was to select towns, by grouping towns into strata and selecting a proportion from each strata (described below), using a systematic random sampling approach. Once towns were selected, the design for selecting areas for which facilities would be listed differed depending on the population size of the towns (described below). No towns of size under 5,000 were selected for the HFS sample.

Weighting up from surveyed facilities in selected wards was a function of the percent of the population listed to the total urban population of the state. The sampling fraction was chosen to yield a number of sampled private facilities amounting to 50-60% of the entire HFS sample.

#### *D.1.1a Sample design for towns of population 5,000-1,000,000*

In the six states there are 3,098 towns with 5,000 - 1,000,000 population summing to a total population of 100.9 million. Nationally, such towns have a total population of 230 million. Assuming that we should cover about 3% of the national population in smaller towns (under 1 million), our urban listing should cover at least 6.6 million of this category of population. However, the final listing exercise design exceeded the minimum and covered urban areas with 7.6 million population in the six focus states. (Supplemental Table B.2)

In the 171 selected districts, we sampled from all towns of size under 1,000,000 population in each of the six states by first grouping them into the following town-size categories: under 5,000; 5,000-24,999; 25,000-99,999; 100,000-499,999; and 500,000-999,999. The towns were sorted by population size and then selected by PPS random sampling to roughly equal 7.5% of the population in the four size categories used.

The study team selected 159 out of 2,158 towns in the smallest size town category (populations of 5,000-24,999) and 55 out of 768 towns in the next largest size category (25,000-99,999). All private facilities that met the study criteria were listed in entire towns selected from these categories.

In towns of population 100,000 and above, the study team used an aggregation approach to group several contiguous wards into urban sample units (USUs), each with a population of approximately 100,000. All selected towns and USUs in large towns, were sorted by population size and then USUs were randomly selected for listing sampling (a total of 31 USUs). Twenty-one out of 157 towns with populations of 100,000-499,999 and 8 out of 15 towns with populations of 500,000-999,999 were selected. For towns in the range 100,000-499,999, one USU was selected for listing in each of the 21 towns using simple random sampling. For towns in the range 500,000-999,999, one USU was selected for listing in each of the 8 towns using simple random sampling. All private facilities that met study criteria in all selected USUs were listed.

Two additional USUs were selected randomly from the two largest towns in the sample. An additional six USUs were randomly selected during listing, after discovering that the number of private facilities per USU were below expectations (not shown in Supplemental Table B.2). Overall, the listing exercise covered towns and USUs containing a total population of 3.9 million. (The initially selected USUs had a population of 3.1 million, and the additional USUs covered 200,000 and 600,000 population for a total of 3.9 million).



### *D.1.1b Sample design for towns of population of 1,000,000 and greater*

In the six states there are 19 towns with a population of 1,000,000 or more, totaling 39.9 million. Nationally, there are 46 such towns with a total population of 116 million. Assuming that we should cover 3% of the national population in large cities, our urban listing (in towns with population of 1,000,000+) should cover at least 3.5 million population (8.7% of the six-state population in this town size category). Whereas for towns of population under 1,000,000, the universe from which our sample was drawn was restricted to towns within the sample districts in each state; all cities with populations of 1,000,000 or more in the six focus states, were included in the sample universe. (Supplemental Table B.3.)

In these 19 towns there were a total of approximately 1,600 wards of varying population sizes. These 1,600 wards were grouped into approximately 400 USUs of about 100,000 population each. In a few cases, in which cities or towns had wards that were very large, they were divided into equal parts of approximately 100,000 and therefore these wards could have more than one USU.

All 19 towns had at least one USU selected for listing. The remaining 14 USUs to be selected ( $14 = 33 - 19$ ) were selected randomly using PPS. All 19 towns were pooled into one list regardless of state for this stage of selection. For example, if a city has 12% of the total population of the 19 towns taken together, it will be assigned 12% of the 14 remaining USUs.

We divided these towns into broad areas, one for each USU to be selected (e.g., if 3 USUs were to be selected, the town was divided into 3 areas). We used areas that were already known or established, where we had knowledge of the towns, otherwise, an arbitrary segmentation was done. The purpose of this approach was to reduce the probability of disproportionately under-counting private facilities by selecting USUs located in periphery areas, where fewer clinics are generally located. Initially, the study team selected a total of 33 USUs (with a population of approximately 3,300,000) from the 19 cities. As the fieldwork progressed and the number of facilities listed was lower than expected, an additional 25 USUs were randomly selected in this category of cities, for a total of 58 USUs, covering 5.8 million population, equivalent to 14.5% of the population in this category of cities in the six focus states.

As Table 2.3 shows, a total of 40 additional USUs were added to the listing exercise since it was found that the number of private facility per USU was below expectations. This was especially true in Assam, Gujarat and Tamil Nadu. Additional USUs were added through random selection in all cases.

**Table 2.3. Number of urban sample units (USUs) listed**

Size of Town	No. of USUs (planned)	No. of USUs (final sample)
100,000 - 499,999	21	27
500,000 - 999,999	10	19
1,000,000+	33	58
TOTAL	64	104

### **D.1.2 Rural facility sample design and selection criteria**

Due to the small number of private facilities found in rural areas during listing, all facilities that were listed were included in the sample. In many rural areas, no private facilities meeting our criteria were found. All 453 rural private health facilities that were listed across the six states were selected. This was lower than originally

anticipated. For the selection of rural private facilities, the total number of CHCs used was approximately half the number of CHCs used for selecting PHCs.

### E. Selection of medical college facilities

All medical colleges (public and private) with reproductive health services or an obstetrics and gynecology department in all 244 districts of the six selected states were included in the sample. A variety of lists, including web-based information, were consulted to create the list of medical colleges. During the listing exercise, the list of medical colleges in each state was confirmed. The total number of medical colleges, after adjustments, in the six states is 122.

### F. Summary of HFS Sample and Response Rates

The number of facilities sampled and completed by type is summarized in Table 2.4 (state-specific data are in Table 2.5). Around 51% of the HFS sample consisted of private facilities.

**Table 2.4. National summary of sample, completed interviews and response rates by facility type**

Facility Type	No. in HFS sample	No. completed	Response Rate
Public Facilities*	2,018	1,980	98%
District hospitals	173	169	98%
Sub-district/divisional hospitals	152	151	99%
CHCs	450	447	99%
PHCs	1,062	1,052	99%
Other urban public facilities	181	161	89%
Private Facilities*	2,009	1,910	95%
Hospitals	840	792	94%
Nursing Homes	457	430	94%
Clinics	712	688	97%
Medical Colleges	122	111	91%
<b>TOTAL SAMPLE</b>	<b>4,149</b>	<b>4,001</b>	<b>96%</b>

\*Excluding medical colleges

**Table 2.5. Summary of listing, HFS sample selection and interview status by facility type and state**

State	Number of facilities listed										
	DH	SDH	CHC	PHC		Private facilities*			Urban public†	Medical colleges	Total
				24x7	Non 24x7	Total	Urban	Rural			
Assam	19	9	28	85	105	80	78	2	12	6	344
Bihar	27	28	34	59	163	487	252	235	22	13	833
Gujarat	18	18	73	79	203	261	202	59	9	22	683
Madhya Pradesh	35	46	81	233	59	407	348	59	51	13	925
Tamil Nadu	22	45	90	261	18	416	407	9	47	45	944
Uttar Pradesh	50	-	132	70	356	812	525	287	86	32	1,538
<b>Total</b>	<b>171</b>	<b>146</b>	<b>438</b>	<b>787</b>	<b>904</b>	<b>2,463</b>	<b>1,812</b>	<b>651</b>	<b>227</b>	<b>131</b>	<b>5,267</b>
Number of facilities in original HFS sample											
Assam	19	9	28	50	32	46	44	2	11	5	200
Bihar	27	28	37	57	154	358	167	191	22	13	696
Gujarat	18	25	73	68	72	260	201	59	9	22	547
Madhya Pradesh	35	46	81	162	25	321	264	57	51	13	734
Tamil Nadu	22	45	86	159	18	378	369	9	46	45	799
Uttar Pradesh	50	-	132	63	204	741	469	272	86	32	1,308
<b>Total</b>	<b>171</b>	<b>153</b>	<b>437</b>	<b>559</b>	<b>505</b>	<b>2,104</b>	<b>1,514</b>	<b>590</b>	<b>225</b>	<b>130</b>	<b>4,284</b>
Number of facilities in final HFS sample (after fieldwork)											
Assam	19	9	28	48	30	49	47	2	11	5	199
Bihar	26	28	37	57	153	349	166	183	10	11	671
Gujarat	16	24	71	67	71	248	192	56	8	14	519
Madhya Pradesh	38	46	81	162	25	284	238	46	31	15	682
Tamil Nadu	22	45	86	159	19	377	368	9	39	45	792
Uttar Pradesh	52	-	147	63	208	702	439	263	82	32	1,286
<b>Total</b>	<b>173</b>	<b>152</b>	<b>450</b>	<b>556</b>	<b>506</b>	<b>2,009</b>	<b>1,450</b>	<b>559</b>	<b>181</b>	<b>122</b>	<b>4,149**</b>
Number of facilities with completed valid interviews											
Assam	19	9	28	48	30	46	44	2	11	5	196
Bihar	26	28	37	57	153	335	154	181	10	11	657
Gujarat	16	23	71	67	70	215	162	53	5	13	480
Madhya Pradesh	36	46	81	161	25	271	225	46	25	15	660
Tamil Nadu	22	45	86	159	19	371	362	9	39	45	786
Uttar Pradesh	50	-	144	62	201	672	418	254	71	22	1,222
<b>Total</b>	<b>169</b>	<b>151</b>	<b>447</b>	<b>554</b>	<b>498</b>	<b>1,910</b>	<b>1,365</b>	<b>545</b>	<b>161</b>	<b>111</b>	<b>4,001</b>

\* Including NGO/Trust facilities

\*\* At the time of the interview, 135 facilities were found to not exist, could not be found, did not offer any reproductive health services or were duplicate listings.

†Includes ESI hospitals

## G. Sample weights

Estimates from the HFS were weighted to represent each of the six states. Two weighting processes were necessary to calculate state estimates for facilities with known universes and facilities with no known or complete universes. See Supplemental Table B.4 for detail on all weights calculated by state and type of facility. The text below describes the methodology for creating these weights.

### G.1 Weights for facilities with known universes

#### G.1.1 Weights for district hospitals, sub-district hospitals, ESIC hospitals, CHCs and medical colleges

There are known universes at the national and state level for the following categories of facilities: district hospitals, sub-divisional hospitals, ESIC hospitals and CHCs and public and private Medical Colleges. The process of calculating weights for these facilities are shown below:

##### Definitions:

${}^{MF}N_{TOT}$  = no. of facilities in state-level universe

${}^{MF}N_{SU}$  = no. of facilities in sampled universe

${}^{MF}N_{SAMP}$  = no. of facilities sampled

${}^{MF}N_{COMP}$  = no. of facilities with completed interviews

${}^{MF}W_{PRIM}$  = immediate sample weight

${}^{MF}W_{FIN}$  = final sample weight

##### Calculations:

$${}^{MF}W_{PRIM} = \frac{{}^{MF}N_{SU}}{{}^{MF}N_{SAMP}}$$

and

$${}^{MF}W_{FIN} = \frac{{}^{MF}N_{SU}}{{}^{MF}N_{COMP}} \times \frac{{}^{MF}N_{TOT}}{{}^{MF}N_{SU}} = \frac{{}^{MF}N_{TOT}}{{}^{MF}N_{COMP}}$$

${}^{MF}N_{SAMP}$  is the number of facilities actually sampled, not the number initially planned to be sampled. The quantity  ${}^{MF}N_{SU}$  was useful to document the sample fraction, an important aspect of sample design and a factor in assessing representativeness.

These equations summarize the main procedure for calculating the weights, but there were further adjustments that were necessary once the HFS data were collected. Some facilities in the sample did not respond when interviews were attempted (e.g., outright refusal or continued absence of any facility worker capable of responding). An adjustment to the weight was made to account for non-response. Other situations that needed to be taken into account when calculating weights is when facilities originally selected for the sample were no longer actual

facilities (e.g., facilities have permanently closed, facilities which did not offer any sort of reproductive health services and facilities that were duplicate listings).<sup>e</sup> (See Supplemental Table B.4).

### G.1.2 Weights for PHCs

The calculation of the weights for PHCs  $^{PHC}W_{PRIM}$  and  $^{PHC}W_{FIN}$  was the same process as for the facilities described above. The calculations were performed separately for 24x7 and non-24x7 PHCs based on the two respective PHC universes, not on the universe of CHCs.

#### Definitions:

$S_i$  = no. of PHCs selected for the sample in  $CHC_i$

$P_i$  = no. of PHCs reporting administratively to  $CHC_i$

$C$  = no. of CHCs in the sampled universe

$^{PHC}N_{TOT}$  = no. of PHCs in universe (state)

#### Calculations:

$$^{PHC}N_{SAMP} = \sum_{i=1,2,..,I} S_i$$

and

$$^{PHC}N_{SU} = \sum_{i=1,2,..,I} P_i$$

## G.2. Weights for facilities with no known universe

Private facilities (hospitals, maternity or nursing homes and clinics) and Other Public facilities (military hospitals, railway hospitals, municipal hospitals, urban family welfare centers and urban health centers) do not have official, complete or known state or national-level universes. The listing exercise described above allowed the study team to systematically sample these types of facilities by listing all such facilities in areas of known population size. Population ratios were then used to estimate the universe of facilities to calculate weights.

### G.2.1 Private urban facilities

Private urban facilities<sup>f</sup> were divided into nine sub-categories: three facility types in each of the three town size groups. Weight calculation for each of the nine sub-categories followed the same process as described above,

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<sup>e</sup> These cases required adjustments to  $N_{SAMP}$ ,  $N_{SU}$  and  $N_{TOT}$ . If, say,  $x$  originally sampled facilities are found to be “non-facilities”, then  $N_{SAMP}$  should be reduced by  $x$  and  $N_{SU}$  and  $N_{TOT}$  should be reduced by a factor  $(x / N_{SAMP})$ , under the assumption that the proportion of facilities found to be “non-facilities” in the sample is the same as the proportion found in the universe

<sup>f</sup> The category “private facilities” (rural and urban) includes NGO clinics and trust hospitals.

however, an estimated universe was necessary to complete the calculations. Therefore, a process for estimating the universe ( ${}^{PU}N_{TOT}$ ) was devised and is explained in section G.1.1.

### **G.2.2 Other Public urban facilities**

The same procedure was used for estimating the universe of Other Public facilities as was used for private urban facilities. The weight calculation was identical to the process described in section G.1.1.

### **G.2.3 Private rural facilities**

Weights for the three types of private rural facilities were calculated using the same process shown above for PHCs because private rural facilities were randomly selected in the same manner – based on a random selection of CHCs. For the selection of rural private facilities, the total number of CHCs used was approximately half the number of CHCs used for selecting PHCs.

### **G.2.4 Universe calculation**

Since no sampling frame for most private facilities and certain public facilities was available in India, the rural and urban universes were estimated from the data gathered through the listing exercise.

#### *G.2.4a Private urban facilities and Other Public urban facilities*

The study team used numbers of listed facilities in the sample areas and applied an inflation factor based on the ratio of the urban population covered in the areas listed to the total urban population in each category of town size (Supplemental Table B.5). The calculation of universes for private urban facilities was as follows:

#### Definitions:

${}^{PU}N_{TOT}$  = no. of facilities in universe for each town-size class (5K-100K, 100K-1M, 1M+) and each facility type (hospital, nursing home and clinic)

${}^{PU}N_{LIST}$  = no. of facilities listed in the sampled areas for each town-size class and each facility type

${}^S P_{TOT}$  = state population for each town-size class

${}^{SS} P_{LIST}$  = population for each town-size class in sampled areas

#### Calculation:

$${}^{PU}N_{TOT} = \frac{{}^S P_{TOT}}{{}^{SS} P_{LIST}} \times {}^{PU}N_{LIST}$$

The universes of Other Public urban facilities were calculated in the same way, however, because of the small number of such facilities only three universes were calculated for the three town-size classes.

#### *G.2.4b Rural private facilities*

Universes of private rural facilities were calculated in a similar fashion but used CHCs as the basis of calculation rather than population ratios since the listing exercise for these facilities depended on the catchment areas of a randomly chosen subset of CHCs. The calculation was as follows:

Definitions:

${}^{PR}N_{TOT}$  = no. of rural private facilities in universe for each type (hospital, nursing home and clinic)

${}^{PR}N_{LIST}$  = no. of rural private facilities listed in the sampled CHC catchment area for each type

$C_{TOT}$  = no. of CHCs in the state

$C_{LIST}$  = no. of selected CHCs in sampled areas

Calculation:

$${}^{PR}N_{TOT} = \frac{C_{TOT}}{C_{LIST}} \times {}^{PR}N_{LIST}$$

## Supplemental Tables

**Supplemental Table B.1. Sample district population and proportion sampled, six focus states**

Assam		Bihar		Gujarat	
District	Population	District	Population	District	Population
Baksa	950,075	Araria	2,811,569	Ahmadabad	7,214,225
Barpeta	1,693,622	Aurangabad	2,540,073	Anand	2,092,745
Cachar	1,736,617	Banka	2,034,763	Banas Kantha	3,120,506
Dhemaji	686,133	Begusarai	2,970,541	Bhavnagar	2,880,365
Dhubri	1,949,258	Bhagalpur	3,037,766	Dohad	2,127,086
Dibrugarh	1,326,335	Bhojpur	2,728,407	Gandhinagar	1,391,753
Dima Hasao	214,102	Buxar	1,706,352	Jamnagar	2,160,119
Goalpara	1,008,183	Darbhanga	3,937,385	Junagadh	2,743,082
Golaghat	1,066,888	Gaya	4,391,418	Kachchh	2,092,371
Kamrup	1,517,542	Jehanabad	1,125,313	Kheda	2,299,885
Kamrup Metro	1,253,938	Kaimur (Bhabua)	1,626,384	Navsari	1,329,672
Karimganj	1,228,686	Katihar	3,071,029	Panch Mahals	2,390,776
Kokrajhar	887,142	Madhubani	4,487,379	Rajkot	3,804,558
Morigaon	957,423	Muzaffarpur	4,801,062	Sabar Kantha	2,428,589
Nagaon	2,823,768	Nalanda	2,877,653	Surat	6,081,322
Nalbari	771,639	Pashchim Champaran	3,935,042	Surendranagar	1,756,268
Sivasagar	1,151,050	Patna	5,838,465	Vadodara	4,165,626
Sonitpur	1,924,110	Purba Champaran	5,099,371	Valsad	1,705,678
Tinsukia	1,327,929	Purnia	3,264,619		
		Rohtas	2,959,918		
		Saharsa	1,900,661		
		Samastipur	4,261,566		
		Saran	3,951,862		
		Sitamarhi	3,423,574		
		Siwan	3,330,464		
		Supaul	2,229,076		
		Vaishali	3,495,021		
<b>No. sample districts</b>	<b>19</b>		<b>27</b>		<b>18</b>
<b>Total districts</b>	<b>27</b>		<b>38</b>		<b>26</b>
<b>% sampled</b>	<b>70.4%</b>		<b>71.1%</b>		<b>69.2%</b>



**Supplemental Table B.1 (continued). Sample district population and proportion sampled, six focus states**

Madhya Pradesh		Tamil Nadu		Uttar Pradesh			
District	Population	District	Population	District	Population	District	Population
Anuppur	749,237	Chennai	4,646,732	Agra	4,418,797	Meerut	3,443,689
Balaghat	1,701,698	Coimbatore	3,458,045	Aligarh	3,673,889	Mirzapur	2,496,970
Betul	1,575,362	Cuddalore	2,605,914	Allahabad	5,954,391	Moradabad	4,772,006
Bhind	1,703,005	Dindigul	2,159,775	Ambedkar Nagar	2,397,888	Muzaffarnagar	4,143,512
Bhopal	2,371,061	Kancheepuram	3,998,252	Azamgarh	4,613,913	Pilibhit	2,031,007
Chhatarpur	1,762,375	Kanniyakumari	1,870,374	Bahraich	3,487,731	Pratapgarh	3,209,141
Chhindwara	2,090,922	Madurai	3,038,252	Ballia	3,239,774	Rae Bareli	3,405,559
Damoh	1,264,219	Nagapattinam	1,616,450	Bara Banki	3,260,699	Saharanpur	3,466,382
Datia	786,754	Namakkal	1,726,601	Bareilly	4,448,359	Sant Kabir Nagar	1,715,183
Dewas	1,563,715	Ramanathapuram	1,353,445	Bijnor	3,682,713	Shahjahanpur	3,006,538
Dhar	2,185,793	Salem	3,482,056	Budaun	3,681,896	Siddharthnagar	2,559,297
Gwalior	2,032,036	Thanjavur	2,405,890	Bulandshahr	3,499,171	Sitapur	4,483,992
Hoshangabad	1,241,350	The Nilgiris	735,394	Chandauli	1,952,756	Sultanpur	3,797,117
Indore	3,276,697	Thiruvallur	3,728,104	Chitrakoot	991,730	Unnao	3,108,367
Jabalpur	2,463,289	Thiruvaur	1,264,277	Etawah	1,581,810	Varanasi	3,676,841
Khandwa (East Nim	1,310,061	Tiruchirappalli	2,722,290	Faizabad	2,470,996		
Khargone (West Nin	1,873,046	Tirunelveli	3,077,233	Gautam Buddha Naga	1,648,115		
Mandla	1,054,905	Tiruppur	2,479,052	Ghaziabad	4,681,645		
Mandsaur	1,340,411	Tiruvannamalai	2,464,875	Ghazipur	3,620,268		
Morena	1,965,970	Vellore	3,936,331	Gonda	3,433,919		
Narsimhapur	1,091,854	Viluppuram	3,458,873	Gorakhpur	4,440,895		
Panna	1,016,520	Virudhunagar	1,942,288	Hardoi	4,092,845		
Rajgarh	1,545,814			Jaunpur	4,494,204		
Ratlam	1,455,069			Jyotiba Phule Nagar	1,840,221		
Rewa	2,365,106			Kanpur Dehat	1,796,184		
Sagar	2,378,458			Kanpur Nagar	4,581,268		
Satna	2,228,935			Kanshiram Nagar	1,436,719		
Sehore	1,311,332			Kheri	4,021,243		
Seoni	1,379,131			Kushinagar	3,564,544		
Shajapur	1,512,681			Lalitpur	1,221,592		
Sheopur	687,861			Lucknow	4,589,838		
Shivpuri	1,726,050			Mahrajganj	2,684,703		
Singrauli	1,178,273			Mainpuri	1,868,529		
Tikamgarh	1,445,166			Mathura	2,547,184		
Ujjain	1,986,864			Mau	2,205,968		
<b>No. sample district</b>	<b>35</b>		<b>22</b>				<b>50</b>
<b>Total districts</b>	<b>50</b>		<b>32</b>				<b>71</b>
<b>% sampled</b>	<b>70.0%</b>		<b>68.8%</b>				<b>70.4%</b>

Supplemental Table B.2. Sample design for selecting towns and cities by population size categories, six focus states																
State	Population Size Category	Universe				Sample										
		No. of Towns in Category	Total Pop. in Category	Percent of Pop. in Category	Average Pop. Per Town	No. of Towns Sampled	Estimated Pop.	Estimated Pop. Listed*	No. of USUs	Percent of Universe Towns Sampled	Percent of Universe Pop. Sampled					
Assam	<5,000	30	117,247	2.7%	3,908	-	-	-	-	-	-	-	-	-	-	-
	5,000-24,999	153	1,525,114	34.7%	9,968	11	109,649	109,649	NA	7.2%	7.2%	7.2%	7.2%			
	25,000-99,999	29	1,232,969	28.0%	42,516	2	85,032	85,032	NA	6.9%	6.9%	6.9%	6.9%			
	100,000-499,999	5	560,878	22.6%	112,176	1	112,176	100,000	1	20.0%	20.0%	17.8%	17.8%			
	500,000-999,999	1	962,334	12.0%	962,334	1	962,334	200,000	2	100.0%	100.0%	20.8%	20.8%			
	1,000,000+	-	-	0.0%	-	-	-	-	-	-	-	-	-	-		
<b>Totals</b>		218	4,398,542	100.0%	20,177	15	1,269,191	494,681	3	6.9%	6.9%	11.2%	11.2%			
Bihar	<5,000	9	34,690	0.3%	3,854	-	-	-	-	-	-	-	-	-	-	-
	5,000-24,999	74	909,461	7.7%	12,290	5	61,450	61,450	NA	6.8%	6.8%	6.8%	6.8%			
	25,000-99,999	90	4,058,495	34.5%	45,094	7	315,661	315,661	NA	7.8%	7.8%	7.8%	7.8%			
	100,000-499,999	25	5,071,073	43.1%	202,843	4	811,372	400,000	4	16.0%	16.0%	7.9%	7.9%			
	500,000-999,999	-	-	0.0%	-	-	-	-	-	-	-	-	-	-		
	1,000,000+	1	1,684,297	14.3%	1,684,297	1	1,684,297	200,000	2	100.0%	100.0%	11.9%	11.9%			
<b>Totals</b>		199	11,758,016	100.0%	59,086	17	2,872,779	977,111	6	8.5%	8.5%	8.3%	8.3%			
Gujarat	<5,000	31	71,222	0.3%	2,297	-	-	-	-	-	-	-	-	-	-	-
	5,000-24,999	187	2,437,201	9.5%	13,033	14	182,464	182,464	NA	7.5%	7.5%	7.5%	7.5%			
	25,000-99,999	101	4,656,154	18.1%	46,101	7	322,704	322,704	NA	6.9%	6.9%	6.9%	6.9%			
	100,000-499,999	25	4,252,210	16.5%	170,088	3	510,265	300,000	3	12.0%	12.0%	7.1%	7.1%			
	500,000-999,999	2	1,206,825	4.7%	603,413	1	603,413	100,000	1	50.0%	50.0%	8.3%	8.3%			
	1,000,000+	4	13,121,471	51.0%	3,280,368	4	13,121,471	1,000,000	10	100.0%	100.0%	7.6%	7.6%			
<b>Totals</b>		350	25,745,083	100.0%	73,557	29	14,740,317	1,905,168	14	8.3%	8.3%	7.4%	7.4%			
Madhya Pradesh	<5,000	12	47,821	0.2%	3,985	-	-	-	-	-	-	-	-	-	-	-
	5,000-24,999	333	4,343,291	21.6%	13,043	24	313,030	313,030	NA	7.2%	7.2%	7.2%	7.2%			
	25,000-99,999	102	4,529,960	22.6%	44,411	7	310,880	310,880	NA	6.9%	6.9%	6.9%	6.9%			
	100,000-499,999	27	4,718,766	23.5%	174,769	3	524,307	300,000	3	11.1%	11.1%	6.4%	6.4%			
	500,000-999,999	1	515,215	2.6%	515,215	1	515,215	100,000	1	100.0%	100.0%	19.4%	19.4%			
	1,000,000+	4	5,929,208	29.5%	1,482,302	4	5,929,208	500,000	5	100.0%	100.0%	8.4%	8.4%			
<b>Totals</b>		479	20,084,261	100.0%	41,930	39	7,592,640	1,523,910	9	8.1%	8.1%	7.6%	7.6%			

**Supplemental Table B.2 (continued). Sample design for selecting towns and cities by population size categories, six focus states**

State	Population Size Category	Universe				Sample					
		No. of Towns in Category	Total Pop. in Category	Percent of Pop. in Category	Ave. Pop. Per Town	No. of Towns Sampled	Estimated Pop.	Estimated Pop. Listed*	No. of USUs	Percent of Universe Towns Sampled	Percent of Universe Pop. Sampled
<b>Tamil Nadu</b>	<5,000	36	155,540	0.4%	4,321	-	-	-	NA	7.4%	7.4%
	5,000-24,999	795	10,130,187	29.0%	12,742	59	751,800	751,800	NA	7.4%	7.4%
	25,000-99,999	237	10,808,541	31.0%	45,606	17	775,296	775,296	NA	7.2%	7.2%
	100,000-499,999	27	5,431,200	15.6%	201,156	4	804,622	400,000	4	14.8%	7.4%
	500,000-999,999	2	1,676,654	4.8%	838,327	1	838,327	100,000	1	50.0%	6.0%
	1,000,000+	3	6,715,318	19.2%	2,238,439	3	6,715,318	600,000	6	100.0%	8.9%
<b>Totals</b>		1100	34,917,440	100.0%	31,743	84	9,885,363	2,627,096	11	7.6%	7.5%
<b>Karnataka</b>	<5,000	26	108,048	0.2%	4,156	-	-	-	NA	7.5%	7.5%
	5,000-24,999	616	7,928,833	17.8%	12,871	46	592,088	592,088	NA	7.5%	7.5%
	25,000-99,999	209	9,300,534	20.9%	44,500	15	667,502	667,502	NA	7.2%	7.2%
	100,000-499,999	48	8,356,573	18.8%	174,095	6	1,044,572	600,000	6	12.5%	7.2%
	500,000-999,999	9	6,309,261	14.2%	701,029	4	2,804,116	500,000	5	44.4%	7.9%
	1,000,000+	7	12,491,814	28.1%	1,784,545	7	12,491,814	1,000,000	10	100.0%	8.0%
<b>Totals</b>		915	44,495,063	100.0%	48,628	78	17,600,092	3,359,591	21	8.5%	7.6%
<b>All Sampled States</b>	<5,000	144	534,568	0.4%	3,712	-	-	-	NA	7.4%	7.4%
	5,000-24,999	2,158	27,274,087	19.3%	12,639	159	2,010,481	2,010,481	NA	7.4%	7.4%
	25,000-99,999	768	34,586,653	24.5%	45,035	55	2,477,075	2,477,075	NA	7.2%	7.2%
	100,000-499,999	157	28,390,700	20.1%	180,832	21	3,807,314	2,100,000	21	13.4%	7.4%
	500,000-999,999	15	10,670,289	7.5%	711,353	8	5,723,405	1,000,000	10	53.3%	9.4%
	1,000,000+	19	39,942,108	28.2%	2,102,216	19	39,942,108	3,300,000	33	100.0%	8.3%
<b>Totals</b>		3,261	141,398,405	100.0%	43,360	262	53,960,382	10,887,556	64	8.0%	7.7%

\* For towns <100,000 population, all wards listed; for larger towns, ward clusters totaling 100,000-500,000 population listed depending on the city size.

NA= not applicable

Supplemental Table B.3. Total population of large* cities, and total number of wards in population categories, six focus states												
State	District	Subdistrict	Town/ City	No. of Wards with Populations of:						Total	Population	
				<1000	1000-2000	2000-3000	3000-4000	4000-5000	5000-10000			10000+
Bihar	Patna	Patna Rural	Patna	1	0	0	0	0	1	71	73	1,684,297
Gujarat	Ahmadabad	Ahmadabad City	Ahmadabad	0	0	0	0	0	0	57	57	5,577,940
Gujarat	Surat	Surat City	Surat	8	6	7	3	2	12	64	102	4,467,797
Gujarat	Vadodara	Vadodara	Vadodara	2	1	1	1	1	6	15	27	1,752,371
Gujarat	Rajkot	Rajkot	Rajkot	0	0	1	1	1	2	24	29	1,323,363
Madhya Pradesh	Indore	Indore	Indore	1	0	1	0	0	4	69	75	1,992,422
Madhya Pradesh	Bhopal	Huzur	Bhopal	0	0	0	0	0	2	68	70	1,798,218
Madhya Pradesh	Jabalpur	Jabalpur	Jabalpur	1	2	1	2	0	10	60	76	1,069,292
Madhya Pradesh	Gwalior	Gwalior (Gird)	Gwalior	0	0	0	0	0	3	57	60	1,069,276
Tamil Nadu	Chennai	n/a	Chennai	0	0	0	0	0	2	153	155	4,646,732
Tamil Nadu	Coimbatore	Coimbatore South	Coimbatore	0	0	0	0	1	20	51	72	1,050,721
Tamil Nadu	Madurai	Madurai South	Madurai	0	0	0	0	0	15	57	72	1,017,865
Uttar Pradesh	Lucknow	Lucknow	Lucknow	0	0	0	0	0	0	110	110	2,817,105
Uttar Pradesh	Kanpur Nagar	Kanpur	Kanpur	1	0	1	0	0	1	109	112	2,768,057
Uttar Pradesh	Ghaziabad	Ghaziabad	Ghaziabad	0	0	0	0	0	6	74	80	1,648,643
Uttar Pradesh	Agra	Agra	Agra	0	0	0	0	1	7	82	90	1,585,704
Uttar Pradesh	Meerut	Meerut	Meerut	0	0	0	0	0	4	76	80	1,305,429
Uttar Pradesh	Varanasi	Varanasi	Varanasi	0	0	0	0	0	23	67	90	1,198,491
Uttar Pradesh	Allahabad	Allahabad	Allahabad	9	2	1	1	1	16	67	97	1,168,385

\*Cities with population of at least 1,000,000

**Supplemental Table B.4. Facility universes, sample size, response rates and final weights: Assam**

Assam	Universe of Health Facilities	Adjusted Universe	HFS Sample	HFS adjusted sample	Completed interviews	Response Rate	Weight
Facility type							
<b>PUBLIC FACILITIES</b>	1,203	1,203	134	134	134	100	
District Hospital (DH)	25	25	19	19	19	100	1.32
Sub-divisional Hospital (SDH)	13	13	9	9	9	100	1.44
Community Health Center (CHC)	151	151	28	28	28	100	5.39
Primary Health Center (PHC), 24x7	503	503	48	48	48	100	10.48
Primary Health Center (PHC), non-24x7	511	511	30	30	30	100	17.03
<b>URBAN OTHER PUBLIC FACILITIES</b>	99	99	11	11	11	100	
Urban Public Facility (5K-100K)	85	85	5	5	5	100	17.01
Urban Public Facility (100K-1M)	12	12	4	4	4	100	2.88
Urban Public Facility (1M+)	na	na	na	na	na	na	na
ESI Hospital	2	2	2	2	2	100	1.00
<b>URBAN PRIVATE FACILITIES*</b>	364	364	47	47	44	94	
Private Hospital (Towns 5K-100K)	34	34	2	2	2	100	17.01
Private Nursing Home (Towns 5K-100K)	136	136	8	8	7	88	19.44
Private Clinic (Towns 5K-100K)	102	102	5	5	5	100	20.41
Private Hospital (Towns 100K-1M)	55	55	19	19	17	89	3.22
Private Nursing Home (Towns 100K-1M)	35	35	12	12	12	100	2.88
Private Clinic (Towns 100K-1M)	3	3	1	1	1	100	2.88
Private Hospital (Towns 1M+)	na	na	na	na	na	na	na
Private Nursing Home (Towns 1M+)	na	na	na	na	na	na	na
Private Clinic (Towns 1M+)	na	na	na	na	na	na	na
<b>RURAL PRIVATE FACILITIES*</b>	16	16	2	2	2	100	
Private Rural Hospital	na	na	na	na	na	na	na
Private Rural Nursing Home	na	na	na	na	na	na	na
Private Rural Clinic	16	16	2	2	2	100	7.95
<b>OTHER TYPES OF FACILITY</b>	5	5	5	5	5	100	
Medical College (MC)	5	5	5	5	5	100	1.00
<b>TOTAL NUMBER OF FACILITIES</b>	1,687	1,687	199	199	196	98	
<b>TOTAL PUBLIC</b>	1,307	1,307	150	150	150		
<b>TOTAL PRIVATE</b>	380	380	49	49	46		

\*including a few NGO facilities

Notes:

Adjusted universes were calculated after fieldwork was completed. Facilities that were closed, not found or not appropriate were proportionally removed from the universe. HFS samples include all facilities visited after removing facilities that were not found or deemed ineligible.

The total for public sector includes all medical colleges, public and private.

**Supplemental Table B.4, cont. Facility universes, sample size, response rates and final weights: Bihar**

Bihar	Universe of Health Facilities	Adjusted Universe	HFS Sample	HFS adjusted sample	Completed interviews	Response Rate	Weight
Facility type							
<b>PUBLIC FACILITIES</b>	2,034	2,024	303	301	301	100	
District Hospital (DH)	36	35	27	26	26	100	1.33
Sub-divisional Hospital (SDH)	45	45	28	28	28	100	1.61
Community Health Center (CHC)	70	70	37	37	37	100	1.89
Primary Health Center (PHC), 24x7	496	496	57	57	57	100	8.70
Primary Health Center (PHC), non-24x7	1,387	1,378	154	153	153	100	9.01
<b>URBAN OTHER PUBLIC FACILITIES</b>	95	94	11	10	10	100	
Urban Public Facility (5K-100K)	26	26	2	2	2	100	12.80
Urban Public Facility (100K-1M)	67	67	6	6	6	100	11.10
Urban Public Facility (1M+)	na	na	na	na	na	na	na
ESI Hospital	3	2	3	2	2	100	1.00
<b>URBAN PRIVATE FACILITIES*</b>	2,244	2,220	167	166	154	93	
Private Hospital (Towns 5K-100K)	192	192	11	11	11	100	17.46
Private Nursing Home (Towns 5K-100K)	346	346	16	16	16	100	21.61
Private Clinic (Towns 5K-100K)	487	487	14	14	14	100	34.75
Private Hospital (Towns 100K-1M)	133	133	9	9	9	100	14.80
Private Nursing Home (Towns 100K-1M)	266	266	15	15	15	100	17.76
Private Clinic (Towns 100K-1M)	455	431	19	18	18	100	23.95
Private Hospital (Towns 1M+)	117	117	27	27	23	85	5.07
Private Nursing Home (Towns 1M+)	128	128	30	30	27	90	4.75
Private Clinic (Towns 1M+)	121	121	26	26	21	81	5.74
<b>RURAL PRIVATE FACILITIES*</b>	697	697	183	183	181	99	
Private Rural Hospital	140	140	40	40	38	95	3.68
Private Rural Nursing Home	186	186	46	46	46	100	4.04
Private Rural Clinic	371	371	97	97	97	100	3.83
<b>OTHER TYPES OF FACILITY</b>		11	13	11	11	100	
Medical College (MC)	13	11	13	11	11	100	1.00
<b>TOTAL NUMBER OF FACILITIES</b>	5,070	5,046	677	671	657	98	
<b>TOTAL PUBLIC</b>	2,142	2,129	327	322	322		
<b>TOTAL PRIVATE</b>	2,941	2,917	350	349	335		

\*including a few NGO facilities

Notes:

Adjusted universes were calculated after fieldwork was completed. Facilities that were closed, not found or not appropriate were proportionally removed from the universe. HFS samples include all facilities visited after removing facilities that were not found or deemed ineligible.

The total for public sector includes all medical colleges, public and private.

**Supplemental Table B.4, cont. Facility universes, sample size, response rates and final weights: Gujarat**

Gujarat	Universe of Health Facilities	Adjusted Universe	HFS Sample	HFS adjusted sample	Completed interviews	Response rates	Weight
Facility type							
<b>PUBLIC FACILITIES</b>	1,530	1,503	255	249	247	99	
District Hospital (DH)	21	20	17	16	16	100	1.24
Sub-divisional Hospital (SDH)	31	30	25	24	23	96	1.29
Community Health Center (CHC)	320	311	73	71	71	100	4.38
Primary Health Center (PHC), 24x7	112	110	68	67	67	100	1.65
Primary Health Center (PHC), non-24x7	1,046	1,031	72	71	70	99	14.74
<b>URBAN OTHER PUBLIC FACILITIES</b>	43	43	8	8	5	63	
Urban Public Facility (5K-100K)	31	31	2	2	2	100	15.37
Urban Public Facility (100K-1M)	na	na	na	na	na	na	na
Urban Public Facility (1M+)	na	na	na	na	na	na	na
ESI Hospital	12	12	6	6	3	50	4.00
<b>URBAN PRIVATE FACILITIES*</b>	1,802	1,755	199	192	162	84	
Private Hospital (Towns 5K-100K)	415	400	27	26	25	96	15.99
Private Nursing Home (Towns 5K-100K)	200	200	13	13	12	92	16.66
Private Clinic (Towns 5K-100K)	123	123	8	8	7	88	17.57
Private Hospital (Towns 100K-1M)	216	216	16	16	12	75	18.02
Private Nursing Home (Towns 100K-1M)	203	203	15	15	10	67	20.27
Private Clinic (Towns 100K-1M)	27	27	2	2	1	50	27.03
Private Hospital (Towns 1M+)	530	499	101	95	82	86	6.08
Private Nursing Home (Towns 1M+)	72	72	14	14	10	71	7.21
Private Clinic (Towns 1M+)	15	15	3	3	3	100	5.15
<b>RURAL PRIVATE FACILITIES*</b>	539	512	59	56	53	95	
Private Rural Hospital	430	402	47	44	41	93	9.81
Private Rural Nursing Home	64	64	7	7	7	100	9.14
Private Rural Clinic	46	46	5	5	5	100	9.14
<b>OTHER TYPES OF FACILITY</b>	19	14	19	14	13	93	
Medical College (MC)	19	14	19	14	13	93	1.08
<b>TOTAL NUMBER OF FACILITIES</b>	3,914	3,826	540	519	480	92	
<b>TOTAL PUBLIC</b>	1,592	1,559	282	271	265		
<b>TOTAL PRIVATE</b>	2,341	2,267	258	248	215		

\*including a few NGO facilities

Notes:

Adjusted universes were calculated after fieldwork was completed. Facilities that were closed, not found or not appropriate were proportionally removed from the universe. HFS samples include all facilities visited after removing facilities that were not found or deemed ineligible.

The total for public sector includes all medical colleges, public and private.

**Supplemental Table B.4 cont. Facility universes, sample size, response rates and final weights: Madhya Pradesh**

Madhya Pradesh	Universe of health facilities	Adjusted universe	HFS Sample	HFS adjusted sample	Completed Interviews	Response Rate	Weight
Facility type							
<b>PUBLIC FACILITIES</b>	1,608	1,603	354	352	349	99	4.59
District Hospital (DH)	51	51	38	38	36	95	1.42
Sub-divisional Hospital (SDH)	66	66	46	46	46	100	1.43
Community Health Center (CHC)	334	334	81	81	81	100	4.12
Primary Health Center (PHC), 24x7	404	399	164	162	161	99	2.48
Primary Health Center (PHC), non-24x7	753	753	25	25	25	100	30.12
<b>URBAN OTHER PUBLIC FACILITIES</b>	351	285	34	31	25	81	
Urban Public Facility (5K-100K)	130	78	5	3	0	0	na
Urban Public Facility (100K-1M)	87	72	6	5	3	60	24.13
Urban Public Facility (1M+)	128	128	17	17	17	100	7.50
ESI Hospital	7	7	6	6	5	83	1.40
<b>URBAN PRIVATE FACILITIES*</b>	3,277	3,028	256	238	225	95	
Private Hospital (Towns 5K-100K)	483	483	25	25	25	100	19.32
Private Nursing Home (Towns 5K-100K)	427	427	19	19	16	84	26.71
Private Clinic (Towns 5K-100K)	539	423	28	22	19	86	22.28
Private Hospital (Towns 100K-1M)	298	266	19	17	16	94	16.65
Private Nursing Home (Towns 100K-1M)	285	285	18	18	18	100	15.85
Private Clinic (Towns 100K-1M)	62	25	5	2	2	100	12.41
Private Hospital (Towns 1M+)	644	635	76	75	69	92	9.20
Private Nursing Home (Towns 1M+)	284	284	39	39	39	100	7.28
Private Clinic (Towns 1M+)	255	198	27	21	21	100	9.45
<b>RURAL PRIVATE FACILITIES*</b>	481	388	57	46	46	100	
Private Rural Hospital	171	171	20	20	20	100	8.55
Private Rural Nursing Home	98	81	12	10	10	100	8.15
Private Rural Clinic	212	136	25	16	16	100	8.47
<b>OTHER TYPES OF FACILITY</b>	15	15	15	15	15	100	
Medical College (MC)	15	15	15	15	15	100	1.00
<b>TOTAL NUMBER OF FACILITIES</b>	5,732	5,319	716	682	660	97	8.06
<b>TOTAL PUBLIC</b>	1,974	1,903	403	398	389		
<b>TOTAL PRIVATE</b>	3,758	3,416	313	284	271		

\*including a few NGO facilities

Notes:

Adjusted universes were calculated after fieldwork was completed. Facilities that were closed, not found or not appropriate were proportionally removed from the universe. HFS samples include all facilities visited after removing facilities that were not found or deemed ineligible.

The total for public sector includes all medical colleges, public and private.



**Supplemental Table B.4, cont. Facility universes, sample size, response rates and final weights: Tamil Nadu**

Tamil Nadu	Universe of Health Facilities	Adjusted Universe	HFS Sample	HFS adjusted sample	Completed interviews	Response Rate	Weight
Facility type							
<b>PUBLIC FACILITIES</b>	2,025	2,017	332	331	331	100	
District Hospital (DH)	31	31	22	22	22	100	1.41
Sub-divisional Hospital (SDH)	240	240	45	45	45	100	5.33
Community Health Center (CHC)	385	385	86	86	86	100	4.48
Primary Health Center (PHC), 24x7	1,229	1,221	160	159	159	100	7.68
Primary Health Center (PHC), non-24x7	140	140	19	19	19	100	7.37
<b>URBAN OTHER PUBLIC FACILITIES</b>	224	224	39	39	39	100	
Urban Public Facility (5K-100K)	61	61	3	3	3	100	20.33
Urban Public Facility (100K-1M)	89	89	16	16	16	100	5.59
Urban Public Facility (1M+)	61	61	11	11	11	100	5.51
ESI Hospital	13	13	9	9	9	100	1.44
<b>URBAN PRIVATE FACILITIES*</b>	3,814	3,750	374	368	362	98	
Private Hospital (Towns 5K-100K)	1,235	1,235	76	76	76	100	16.25
Private Nursing Home (Towns 5K-100K)	503	503	33	33	33	100	15.25
Private Clinic (Towns 5K-100K)	671	624	43	40	40	100	15.60
Private Hospital (Towns 100K-1M)	358	358	48	48	48	100	7.46
Private Nursing Home (Towns 100K-1M)	185	185	23	23	22	96	8.39
Private Clinic (Towns 100K-1M)	129	129	18	18	17	94	7.56
Private Hospital (Towns 1M+)	413	402	75	73	72	99	5.59
Private Nursing Home (Towns 1M+)	171	171	31	31	29	94	5.89
Private Clinic (Towns 1M+)	149	143	27	26	25	96	5.73
<b>RURAL PRIVATE FACILITIES*</b>	81	81	9	9	9	100	
Private Rural Hospital	36	36	4	4	4	100	8.95
Private Rural Nursing Home	na	na	na	na	na	na	na
Private Rural Clinic	45	45	5	5	5	100	8.95
<b>OTHER TYPES OF FACILITY</b>	45	45	45	45	45	100	
Medical College (MC)	45	45	45	45	45	100	1.00
<b>TOTAL NUMBER OF FACILITIES</b>	6,188	6,117	799	792	786	99	
<b>TOTAL PUBLIC</b>	2,294	2,286	416	415	415		
<b>TOTAL PRIVATE</b>	3,894	3,831	383	377	371		

\*including a few NGO facilities

Notes:

Adjusted universes were calculated after fieldwork was completed. Facilities that were closed, not found or not appropriate were proportionally removed from the universe. HFS samples include all facilities visited after removing facilities that were not found or deemed ineligible.

The total for public sector includes all medical colleges, public and private.

**Supplemental Table B.4, cont. Facility universes, sample size, response rates and final weights: Uttar Pradesh**

Uttar Pradesh	Universe of Health Facilities	Adjusted Universe	HFS Sample	HFS adjusted sample	Completed interviews	Response Rates	Weight
Facility type							
<b>PUBLIC FACILITIES</b>	4,350	4,335	471	470	457	97	
District Hospital (DH)	80	80	52	52	50	96	1.60
Sub-divisional Hospital (SDH)	na	na	na	na	na	na	na
Community Health Center (CHC)	773	773	147	147	144	98	5.37
Primary Health Center (PHC), 24x7	365	365	63	63	62	98	5.89
Primary Health Center (PHC), non-24x7	3,132	3,117	209	208	201	97	15.51
<b>URBAN OTHER PUBLIC FACILITIES</b>	747	742	83	82	71	87	
Urban Public Facility (5K-100K)	252	252	16	16	10	63	25.21
Urban Public Facility (100K-1M)	299	299	19	19	15	79	19.90
Urban Public Facility (1M+)	180	175	34	33	32	97	5.47
ESI Hospital	16	16	14	14	14	100	1.14
<b>URBAN PRIVATE FACILITIES*</b>	5,637	5,622	440	439	418	95	
Private Hospital (Towns 5K-100K)	682	682	38	38	35	92	19.49
Private Nursing Home (Towns 5K-100K)	297	297	18	18	18	100	16.48
Private Clinic (Towns 5K-100K)	1,038	1,038	52	52	50	96	20.76
Private Hospital (Towns 100K-1M)	806	806	54	54	52	96	15.50
Private Nursing Home (Towns 100K-1M)	433	418	29	28	27	96	15.48
Private Clinic (Towns 100K-1M)	1,373	1,373	84	84	84	100	16.35
Private Hospital (Towns 1M+)	281	281	42	42	40	95	7.03
Private Nursing Home (Towns 1M+)	196	196	29	29	25	86	7.85
Private Clinic (Towns 1M+)	530	530	94	94	87	93	6.09
<b>RURAL PRIVATE FACILITIES*</b>	3,114	3,057	268	263	254	97	
Private Rural Hospital	961	949	80	79	75	95	12.65
Private Rural Nursing Home	398	398	33	33	31	94	12.82
Private Rural Clinic	1,756	1,711	155	151	148	98	11.56
<b>OTHER TYPES OF FACILITY</b>	32	32	32	32	22	69	
Medical College (MC)	32	32	32	32	22	69	1.45
<b>TOTAL NUMBER OF FACILITIES</b>	13,880	13,787	1,294	1,286	1,222	95	
<b>TOTAL PUBLIC</b>	5,129	5,109	586	584	550		
<b>TOTAL PRIVATE</b>	8,751	8,679	708	702	672		

\*including a few NGO facilities

Notes:

Adjusted universes were calculated after fieldwork was completed. Facilities that were closed, not found or not appropriate were proportionally removed from the universe. HFS samples include all facilities visited after removing facilities that were not found or deemed ineligible.

The total for public sector includes all medical colleges, public and private.

**Supplemental Table B.4, cont. Facility universes, sample size, response rates and final weights: all six states**

All six states	Universe of Health Facilities	Adjusted Universe	HFS Sample	HFS adjusted sample	Completed interviews	Response Rates
Facility type						
<b>PUBLIC FACILITIES</b>	12,750	12,685	1,849	1,837	1,819	98
District Hospital (DH)	244	241	175	173	169	97
Sub-divisional Hospital (SDH)	395	394	153	152	151	99
Community Health Center (CHC)	2,033	2,024	452	450	447	99
Primary Health Center (PHC), 24x7	3,109	3,095	560	556	554	99
Primary Health Center (PHC), non-24x7	6,969	6,930	509	506	498	98
<b>URBAN OTHER PUBLIC FACILITIES</b>	1,559	1,486	186	181	161	87
Urban Public Facility (5K-100K)	585	533	33	31	22	67
Urban Public Facility (100K-1M)	553	539	51	50	44	86
Urban Public Facility (1M+)	368	363	62	61	60	97
ESI Hospital	53	52	40	39	35	88
<b>URBAN PRIVATE FACILITIES*</b>	17,138	16,739	1,483	1,450	1,365	92
Private Hospital (Towns 5K-100K)	3,042	3,026	179	178	174	97
Private Nursing Home (Towns 5K-100K)	1,909	1,909	107	107	102	95
Private Clinic (Towns 5K-100K)	2,959	2,797	150	141	135	90
Private Hospital (Towns 100K-1M)	1,866	1,835	165	163	154	93
Private Nursing Home (Towns 100K-1M)	1,406	1,391	112	111	104	93
Private Clinic (Towns 100K-1M)	2,049	1,988	129	125	123	95
Private Hospital (Towns 1M+)	1,985	1,934	321	312	286	89
Private Nursing Home (Towns 1M+)	852	852	143	143	130	91
Private Clinic (Towns 1M+)	1,070	1,008	177	170	157	89
<b>RURAL PRIVATE FACILITIES*</b>	4,928	4,750	578	559	545	94
Private Rural Hospital	1,737	1,698	191	187	178	93
Private Rural Nursing Home	745	729	98	96	94	96
Private Rural Clinic	2,445	2,324	289	276	273	94
<b>OTHER TYPES OF FACILITY</b>	116	122	129	122	111	86
Medical College (MC)	129	122	129	122	111	86
<b>TOTAL NUMBER OF FACILITIES</b>	36,471	35,783	4,225	4,149	4,001	
<b>TOTAL PUBLIC</b>	14,438	14,293	2,164	2,140	2,091	
<b>TOTAL PRIVATE</b>	22,065	21,490	2,061	2,009	1,910	

\*including a few NGO facilities

Adjusted universes were calculated after fieldwork was completed. Facilities that were closed, not found or not appropriate were proportionally removed from the universe. HFS samples include all facilities visited after removing facilities that were not found or deemed ineligible.

The total for public sector includes all medical colleges, public and private.

**Supplemental Table B.5. Total urban population and urban population covered during listing fieldwork in small, medium and large towns, six focus state**


	Total urban population	Urban population covered in listing fieldwork	Total urban population	Urban population covered in listing fieldwork	Total urban population	Urban population covered in listing fieldwork
<b>Facility type</b>	<b>Assam</b>		<b>Bihar</b>		<b>Gujarat</b>	
<b>URBAN PRIVATE FACILITIES*</b>						
Private Hospital (Towns 5K-100K)	2,758,083	162,141	4,967,956	388,016	7,003,555	455,537
Private Nursing Home (Towns 5K-100K)	2,758,083	162,141	4,967,956	388,016	7,003,555	455,537
Private Clinic (Towns 5K-100K)	2,758,083	162,141	4,967,956	388,016	7,003,555	455,537
Private Hospital (Towns 100K-1M)	1,523,212	529,028	5,072,170	457,067	5,684,021	420,601
Private Nursing Home (Towns 100K-1M)	1,523,212	529,028	5,072,170	457,067	5,684,021	420,601
Private Clinic (Towns 100K-1M)	1,523,212	529,028	5,072,170	457,067	5,684,021	420,601
Private Hospital (Towns 1M+)	na	na	1,683,200	432,866	12,986,285	2,522,225
Private Nursing Home (Towns 1M+)	na	na	1,683,200	432,866	12,986,285	2,522,225
Private Clinic (Towns 1M+)	na	na	1,683,200	432,866	12,986,285	2,522,225
<b>URBAN OTHER PUBLIC FACILITIES**</b>						
Urban Public Facility (5K-100K)	2,758,083	162,141	4,967,956	388,016	7,003,555	455,537
Urban Public Facility (100K-1M)	1,523,212	529,028	5,072,170	457,067	5,684,021	420,601
Urban Public Facility (1M+)	na	na	1,683,200	432,866	12,986,285	2,522,225
<b>Facility type</b>	<b>Madhya Pradesh</b>		<b>Tamil Nadu</b>		<b>Uttar Pradesh</b>	
<b>URBAN PRIVATE FACILITIES*</b>						
Private Hospital (Towns 5K-100K)	8,873,251	477,601	20,938,728	1,373,046	17,229,367	1,161,835
Private Nursing Home (Towns 5K-100K)	8,873,251	477,601	20,938,728	1,373,046	17,229,367	1,161,835
Private Clinic (Towns 5K-100K)	8,873,251	477,601	20,938,728	1,373,046	17,229,367	1,161,835
Private Hospital (Towns 100K-1M)	5,299,069	427,071	7,063,753	1,263,316	16,372,542	1,096,757
Private Nursing Home (Towns 100K-1M)	5,299,069	427,071	7,063,753	1,263,316	16,372,542	1,096,757
Private Clinic (Towns 100K-1M)	5,299,069	427,071	7,063,753	1,263,316	16,372,542	1,096,757
Private Hospital (Towns 1M+)	5,864,120	1,011,502	6,759,419	1,226,224	10,785,106	2,033,948
Private Nursing Home (Towns 1M+)	5,864,120	1,011,502	6,759,419	1,226,224	10,785,106	2,033,948
Private Clinic (Towns 1M+)	5,864,120	1,011,502	6,759,419	1,226,224	10,785,106	2,033,948
<b>URBAN OTHER PUBLIC FACILITIES**</b>						
Urban Public Facility (5K-100K)	8,873,251	477,601	20,938,728	1,373,046	17,229,367	1,161,835
Urban Public Facility (100K-1M)	5,299,069	427,071	7,063,753	1,263,316	16,372,542	1,096,757
Urban Public Facility (1M+)	5,864,120	1,011,502	6,759,419	1,226,224	10,785,106	2,033,948

\*Includes some NGO/Trusts

\*\*Include any urban public facilities that are not District Hospitals, Sub-divisional hospitals, CHCs, PHCs, ESIC hospitals or medical colleges.

Notes: na=not applicable

## Appendix Part 3: Health Facility Survey Questionnaire – Hindi/English

CONFIDENTIAL: FOR RESEARCH PURPOSES ONLY																					
 <p><b>Unintended Pregnancy and Abortion in India</b> Health Facilities Survey/ भारत में अनेच्छक गर्भावस्था तथा गर्भपात स्वास्थ्य सुविधा सर्वेक्षण</p>																					
FACILITY IDENTIFICATION/ सुविधा की पहचान																					
001	<p>Name of facility: _____ सुविधा का नाम _____</p> <p>Facility code: _____ सुविधा कोड _____</p> <p>(unique identifier) अनुपम पहचानकर्ता</p>																				
002	<p>a. Address of facility/ सुविधा का पता: _____</p> <p>b. State/ राज्य _____</p> <p>c. District/ जिला _____</p> <p>d. Tahsil/Taluka/ तहसील/तालुका _____</p> <p>e. City/Town/Village/ शहर/नगर/गाँव _____</p>																				
003	<p>Location of facility area/सुविधा क्षेत्र का स्थान</p> <p>Is this facility located in a rural or urban area? क्या यह सुविधा ग्रामीण या शहरी क्षेत्र में स्थित है ?</p> <p>1 Rural ग्रामीण      2 Urban शहरी</p>																				
INTERVIEWER'S VISITS/साक्षात्कर्ता का दौरा																					
A	<p>Interviewer's Name/ साक्षात्कारकर्ता का नाम: _____</p> <p>Interviewer's ID/ साक्षात्कारकर्ता की पहचान: _____</p>																				
B	<p>Result code and interview attempt: परिणाम कोड तथा साक्षात्कार प्रयास</p> <table border="1"> <thead> <tr> <th></th> <th>Complete पूर्ण</th> <th>Incomplete अपूर्ण</th> <th>Refusal इनकार</th> <th>No Interview साक्षात्कार नहीं</th> </tr> </thead> <tbody> <tr> <td>a. First पहला</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>b. Second दूसरा</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> <tr> <td>c. Third तीसरा</td> <td>1</td> <td>2</td> <td>3</td> <td>4</td> </tr> </tbody> </table> <p>[Interviewer: If refusal or no interview, complete section F.]</p> <p>[साक्षात्कारकर्ता: यदि इनकार या साक्षात्कार नहीं हुआ है तो अनुभाग F पूर्ण करें]</p>		Complete पूर्ण	Incomplete अपूर्ण	Refusal इनकार	No Interview साक्षात्कार नहीं	a. First पहला	1	2	3	4	b. Second दूसरा	1	2	3	4	c. Third तीसरा	1	2	3	4
	Complete पूर्ण	Incomplete अपूर्ण	Refusal इनकार	No Interview साक्षात्कार नहीं																	
a. First पहला	1	2	3	4																	
b. Second दूसरा	1	2	3	4																	
c. Third तीसरा	1	2	3	4																	
C	<p>Date of completion of interview /साक्षात्कार के समाप्त होने की तारीख:</p> <p>Day/दिन _____ Month/महीना _____ Year/वर्ष _____</p>																				
D	<p>a. Time started/ समय शुरू _____</p> <p>b. Time ended/ समय समाप्त _____</p> <p>Hour/ घंटा _____ Minute/ मिनट _____</p>																				
E	<p>If interview started, but did not complete, please give reason</p> <p>कृपया कारण बताये: यदि साक्षात्कार शुरू हुआ लेकिन पूर्ण नहीं हो पाया</p> <table border="1"> <tbody> <tr> <td>1</td> <td>Respondent had to leave interview</td> <td>उत्तरदाता को साक्षात्कार के बीच में जाना पड़ा</td> </tr> <tr> <td>2</td> <td>Respondent terminated interview</td> <td>उत्तरदाता ने साक्षात्कार बीच में ही छोड़ दिया</td> </tr> <tr> <td>3</td> <td>Interviewer-related reasons</td> <td>साक्षात्कारकर्ता से सम्बंधित कारण</td> </tr> <tr> <td>96</td> <td>Other reason (specify):</td> <td>अन्य कारण (उल्लेख करें)</td> </tr> </tbody> </table>	1	Respondent had to leave interview	उत्तरदाता को साक्षात्कार के बीच में जाना पड़ा	2	Respondent terminated interview	उत्तरदाता ने साक्षात्कार बीच में ही छोड़ दिया	3	Interviewer-related reasons	साक्षात्कारकर्ता से सम्बंधित कारण	96	Other reason (specify):	अन्य कारण (उल्लेख करें)								
1	Respondent had to leave interview	उत्तरदाता को साक्षात्कार के बीच में जाना पड़ा																			
2	Respondent terminated interview	उत्तरदाता ने साक्षात्कार बीच में ही छोड़ दिया																			
3	Interviewer-related reasons	साक्षात्कारकर्ता से सम्बंधित कारण																			
96	Other reason (specify):	अन्य कारण (उल्लेख करें)																			

<b>F</b>	<b>Complete if no interview was done.</b> पूर्ण करें, यदि साक्षात्कार नहीं हुआ था																								
	Why no interview: साक्षात्कार क्यों नहीं हुआ:																								
1	Facility moved (specify place, if possible): _____ सुविधा स्थानांतरण (यदि संभव हो तो स्थान का उल्लेख करें)																								
2	Facility reclassified to different level (specify level/place if possible) सुविधा को भिन्न स्तर पर पुनर्वर्गीकृत किया गया (यदि संभव हो तो स्तर /स्थान का उल्लेख करें)																								
3	Facility closed or not functioning सुविधा बंद थी या कामकाज नहीं हो रहा था																								
4	Facility does not offer obstetric/gynecological services ==>Go to G (b) सुविधा प्रसूति / स्त्रीरोग संबंधी सेवाएं प्रस्तावित नहीं करती थी ==> G (b) पर जाएं																								
5	Not a health facility स्वास्थ्य सुविधा नहीं थी																								
6	Refused; specify reason _____ ==>Go to G (b) इनकार किया, कारण का उल्लेख करें == G (b)पर जाएं																								
96	Other (specify): _____ अन्य (उल्लेख करें)																								
<b>G</b>	If facility is not functional, moved or reclassified, answer if possible: यदि सुविधा में कामकाज नहीं हो रहा है, स्थानांतरण या पुनर्वर्गीकृत हुई है तो यदि संभव हो तो उत्तर दें ।																								
	a. When did this facility close, move or reclassify? यह सुविधा कब बंद, स्थानांतरित या पुनर्वर्गीकृत हुई थी ?																								
	b. Was maternal care provided at the facility? क्या सुविधा में मातृत्व देखभाल प्रदान की गई थी ?																								
	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">Month/ महीना</td> <td colspan="4" style="text-align: center;">Year/ वर्ष</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td colspan="2"></td> <td colspan="4"></td> <td style="text-align: center;">Yes/हाँ</td> <td style="text-align: center;">No/नहीं</td> </tr> </table>									Month/ महीना		Year/ वर्ष				1	2							Yes/हाँ	No/नहीं
Month/ महीना		Year/ वर्ष				1	2																		
						Yes/हाँ	No/नहीं																		
97	Facility was never open सुविधा कभी खुली ही नहीं थी																								



## Unintended Pregnancy and Abortion in India Health Facilities Survey/

भारत में अनैच्छिक गर्भावस्था तथा गर्भपात  
स्वास्थ्य सुविधा सर्वेक्षण

### Introduction and Informed Consent

"Namaste!" My name is \_\_\_\_\_. I am from [\_\_\_\_\_]. My organization is working for the International Institute for Population Sciences (IIPS), Mumbai to conduct the Unintended Pregnancy and Abortion in India study.

This is a national study that will help us better understand the needs of women who experience unintended pregnancies and seek abortion services/ post-abortion services. Therefore it is necessary for planning the services to know the availability and provision of abortion care. The findings of this study will be very helpful to government as well as other agencies to improve health services in the country. The study will benefit women of reproductive age because its results will help in framing or improving policies and programs.

This study will cover over 5000 health facilities from six states across India. One of the states is your state. In this regard, your views are most important. If you agree, we will ask you about abortion and post-abortion care services that are being provided in this facility. During the interview, you may feel that some of the questions are on topics that you find sensitive. However, your responses will be kept completely confidential and will be used for research purposes only. No personal reference to you or details about your facility will be made in this study. We will combine your responses with those of other facilities to give a general picture of findings from the study. Your participation in this study is voluntary and you have the right to refuse to participate or answer any questions that you feel uncomfortable with. If you change your mind about participating during the course of the interview, you have the right to withdraw at any time. This will have no effect on your job/position/employment. This interview will take about 45 minutes to one hour to complete.

If you require any further clarification or have any questions regarding this study, you may ask me now or later. If you wish to ask questions later, you may contact the person listed on this card.

### परिचय तथा सूचित सहमति

"नमस्ते!" मेरा नाम \_\_\_\_\_ है। मैं \_\_\_\_\_ से हूँ। मेरा संगठन भारत में अनैच्छिक गर्भावस्था और गर्भपात के अध्ययन को संचालित करने के लिए अन्तर्राष्ट्रीय जनसंख्या विज्ञान संस्थान (आइ आइ पी एस), मुंबई के लिए काम कर रहा है। यह एक राष्ट्रीय अध्ययन है जो उन महिलाओं की सहायता करेगा जिन्होंने अनैच्छिक गर्भावस्थाओं का अनुभव किया है और जो गर्भपात सेवाएं/गर्भपात के पश्चात् सेवाएं चाहती हैं। अतः यह गर्भपात देखभाल की उपलब्धता तथा प्रावधान को जानने के लिए सेवाओं की योजना के लिए आवश्यक है। इस अध्ययन का निष्कर्ष देश में स्वास्थ्य सेवाओं में सुधार करने के लिए सरकार के साथ ही अन्य एजेंसियों के लिए बहुत ही सहायक होगा। अध्ययन से प्रजननीय आयु की महिलाओं को लाभ होगा क्योंकि इसके परिणाम, नीतियों तथा कार्यक्रमों को तैयार या सुधार करने में सहायक होंगे।

इस अध्ययन में भारत भर में छह राज्यों से 5000 से अधिक स्वास्थ्य सुविधाओं को शामिल किया जाएगा। इनमें से एक राज्य आपका राज्य है। इस संबंध में, आपके विचार बहुत महत्वपूर्ण हैं। यदि आप सहमत हैं तो हम आपसे इस सुविधा में प्रदान की जा रही गर्भपात तथा गर्भपात के पश्चात् देखभाल सेवाओं के बारे में पूछना चाहेंगे। साक्षात्कार के दौरान, आपको यह महसूस हो सकता है कि विषय से संबंधित कुछ प्रश्न संवेदनशील हैं। तथापि, आपके उत्तरों को पूर्णतया गोपनीय रखा जाएगा और उनका उपयोग केवल शोध उद्देश्य के लिए किया जाएगा। कहीं भी आप या आपकी सुविधा से संबंधित व्यक्तिगत संदर्भ/विवरण का उल्लेख नहीं किया जाएगा। हम अध्ययन के निष्कर्षों की सामान्य तस्वीर प्रस्तुत करने के लिए अन्य सुविधाओं के उत्तरों के साथ आपके उत्तरों को जोड़ देंगे। इस अध्ययन में आपकी सहभागिता स्वैच्छिक है और आपके पास यह अधिकार है कि आप भाग लेने से या किसी प्रश्न का उत्तर देने में असहज महसूस करने पर उसका उत्तर देने से इनकार कर सकते हैं। यदि साक्षात्कार के दौरान भाग लेने के बारे में आपका मन बदलता है तो आपको यह अधिकार है कि आप किसी भी समय साक्षात्कार से अलग हो सकते हैं। इसका आपके कार्य/स्थिति/रोजगार पर कोई प्रभाव नहीं पड़ेगा। इस साक्षात्कार को पूर्ण होने में लगभग 45 मिनट का समय लगेगा।

यदि इस अध्ययन के बारे में आप कोई और स्पष्टीकरण चाहते हैं या कोई प्रश्न है तो आप उनसे इसी समय या बाद में पूछें। यदि आप बाद में प्रश्न पूछना चाहते हैं तो आप इस कार्ड में सूचीबद्ध व्यक्ति से संपर्क करें।

### GIVE CARD TO RESPONDENT/ उत्तरदाता को कार्ड दें

Do I have your permission to proceed with the interview?

क्या मुझे साक्षात्कार प्रारंभ करने के लिए आपकी अनुमति है ?

Signature

हस्ताक्षर

Yes, without signature

हाँ, हस्ताक्षर के बिना

Yes, with signature

हाँ, हस्ताक्षर के साथ

No

==> if no, STOP INTERVIEW

नहीं ==> यदि नहीं, साक्षात्कार खत्म करे

Section 1: Respondent Information/ अनुभाग 1: उत्तरदाता संबंधी सूचना																								
S.No	Questions and Filters/ प्रश्न तथा फिल्टर	Responses and Codes/ उत्तर तथा कोड																						
101	<p>How many years have you worked at this facility? आपने इस सुविधा में कितने वर्ष काम किया है ?</p> <p>[If less than one year:] How many months have you worked at this facility? [यदि एक वर्ष से कम है:] आपने इस सुविधा में कितने महीने काम किया है ?]</p>	<table border="1"> <tr> <td></td> <td>Years/वर्ष</td> </tr> <tr> <td></td> <td>Months/महीने</td> </tr> </table> <p>[Interviewer: If less than 6 months, thank respondent and ask if there is another appropriate staff member to interview. If no one is eligible, END interview]</p> <p>[साक्षात्कारकर्ता: यदि 6 महीने से कम है तो उत्तरदाता को धन्यवाद कहें और पूछें यदि वहां पर साक्षात्कार के लिए दूसरा उचित कर्मचारी है. यदि नहीं तो साक्षात्कार समाप्त करें]</p>		Years/वर्ष		Months/महीने																		
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102	<p>[Sex of respondent] [उत्तरदाता का लिंग]</p> <p>[Interviewer: Do not ask this question. Just note what you observe.]</p> <p>[साक्षात्कारकर्ता: यह प्रश्न पूछना नहीं है केवल आपने क्या देखा वह लिखना है]</p>	<table border="1"> <tr> <td>1</td> <td>Male/पुरुष</td> </tr> <tr> <td>2</td> <td>Female/स्त्री</td> </tr> </table>	1	Male/पुरुष	2	Female/स्त्री																		
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103	<p>What is your position at this facility? [व्यक्ति जिसका साक्षात्कार किया जा रहा है] इस सुविधा में आपका पद क्या है ?</p> <p>[Interviewer: Do NOT read out. Circle (O) the category that applies to the respondent. ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; उस श्रेणी पर गोले (O) का निशान बनायें जो उत्तरदाता के लिए लागू होती है]</p>	<table border="1"> <tr> <td>1</td> <td>Director or head of facility सुविधा के निदेशक या प्रमुख</td> </tr> <tr> <td>2</td> <td>Obstetrician/Gynaecologist or head of department प्रसूति विशेषज्ञ/स्त्रीरोग विशेषज्ञ अथवा विभाग प्रमुख</td> </tr> <tr> <td>3</td> <td>MBBS doctor एम बी बी एस डॉक्टर</td> </tr> <tr> <td>4</td> <td>Specialists (e.g. surgeon) विशेषज्ञ (उदाहरण-सर्जन)</td> </tr> <tr> <td>5</td> <td>Public Health Nurse सार्वजनिक स्वास्थ्य नर्स</td> </tr> <tr> <td>6</td> <td>Staff Nurse स्टाफ नर्स</td> </tr> <tr> <td>7</td> <td>Auxiliary nurse midwife (ANM) सहायक नर्स दाई (ए एन एम)</td> </tr> <tr> <td>8</td> <td>Chief of clinic/clinic in-charge क्लीनिक के प्रमुख/क्लीनिक प्रभारी</td> </tr> <tr> <td>9</td> <td>Medical officer MCH (MCH-FP) चिकित्सा अधिकारी एम सी एच (एम सी एच-एफ पी)</td> </tr> <tr> <td>10</td> <td>Ayurveda, Yoga , Unani, Siddha and Homoeopathy (AYUSH) आयुर्वेद, योग, युनानी, सिद्ध, होमियोपैथी ( आयुष डॉक्टर)</td> </tr> <tr> <td>96</td> <td>Other (specify) _____ अन्य (उल्लेख करें)</td> </tr> </table>	1	Director or head of facility सुविधा के निदेशक या प्रमुख	2	Obstetrician/Gynaecologist or head of department प्रसूति विशेषज्ञ/स्त्रीरोग विशेषज्ञ अथवा विभाग प्रमुख	3	MBBS doctor एम बी बी एस डॉक्टर	4	Specialists (e.g. surgeon) विशेषज्ञ (उदाहरण-सर्जन)	5	Public Health Nurse सार्वजनिक स्वास्थ्य नर्स	6	Staff Nurse स्टाफ नर्स	7	Auxiliary nurse midwife (ANM) सहायक नर्स दाई (ए एन एम)	8	Chief of clinic/clinic in-charge क्लीनिक के प्रमुख/क्लीनिक प्रभारी	9	Medical officer MCH (MCH-FP) चिकित्सा अधिकारी एम सी एच (एम सी एच-एफ पी)	10	Ayurveda, Yoga , Unani, Siddha and Homoeopathy (AYUSH) आयुर्वेद, योग, युनानी, सिद्ध, होमियोपैथी ( आयुष डॉक्टर)	96	Other (specify) _____ अन्य (उल्लेख करें)
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104	How old are you?/ आपकी आयु क्या है ?		Age in completed years/ आयु पूर्ण वर्षों में																				
105	What is the highest academic qualification that you have? आपकी उच्चतम शैक्षणिक योग्यता क्या है ?		<table border="1"> <tr> <td data-bbox="802 443 846 499">1</td> <td data-bbox="846 443 1305 499">M.B.B.S. एम.बी.बी.एस</td> </tr> <tr> <td data-bbox="802 499 846 556">2</td> <td data-bbox="846 499 1305 556">Obstetrician/Gynecologist प्रसूति विशेषज्ञ/स्त्रीरोग विशेषज्ञ</td> </tr> <tr> <td data-bbox="802 556 846 613">3</td> <td data-bbox="846 556 1305 613">MD/MS एम डी/एम एस</td> </tr> <tr> <td data-bbox="802 613 846 669">4</td> <td data-bbox="846 613 1305 669">BAMS बी ए एम एस</td> </tr> <tr> <td data-bbox="802 669 846 726">5</td> <td data-bbox="846 669 1305 726">BHMS बी एच एम एस</td> </tr> <tr> <td data-bbox="802 726 846 783">6</td> <td data-bbox="846 726 1305 783">M.Sc. Nursing एम. एस सी. नर्सिंग</td> </tr> <tr> <td data-bbox="802 783 846 840">7</td> <td data-bbox="846 783 1305 840">B.Sc. Nursing बी. एस सी. नर्सिंग</td> </tr> <tr> <td data-bbox="802 840 846 896">8</td> <td data-bbox="846 840 1305 896">Diploma in Nursing नर्सिंग में डिप्लोमा</td> </tr> <tr> <td data-bbox="802 896 846 953">9</td> <td data-bbox="846 896 1305 953">Post graduate (other than medicine) स्नातकोत्तर (औषधीय के अलावा )</td> </tr> <tr> <td data-bbox="802 953 846 1010">96</td> <td data-bbox="846 953 1305 1010">Other (specify) _____ अन्य (उल्लेख करें)</td> </tr> </table>	1	M.B.B.S. एम.बी.बी.एस	2	Obstetrician/Gynecologist प्रसूति विशेषज्ञ/स्त्रीरोग विशेषज्ञ	3	MD/MS एम डी/एम एस	4	BAMS बी ए एम एस	5	BHMS बी एच एम एस	6	M.Sc. Nursing एम. एस सी. नर्सिंग	7	B.Sc. Nursing बी. एस सी. नर्सिंग	8	Diploma in Nursing नर्सिंग में डिप्लोमा	9	Post graduate (other than medicine) स्नातकोत्तर (औषधीय के अलावा )	96	Other (specify) _____ अन्य (उल्लेख करें)
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## Section 2: Facility Information अनुभाग 2: सुविधा संबंधी जानकारी

**[Interviewer read:]** I want to ask you some questions about your facility's capacity. I will be asking you about reproductive health services, units and equipment.

(साक्षात्कारकर्ता पढ़ें) मैं आप से आप के इस सुविधा की क्षमता के बारे में कुछ प्रश्न पूछना चाहूँगा/चाहूँगी। मैं आप से प्रजनन स्वास्थ्य सेवाओं, विभागों और उपकरणों के बारे में प्रश्न पूछूँगा/पूछूँगी।

201 a. Which sector does this facility come under? यह सुविधा किस क्षेत्र के अधीन है ?

1	Public==>GO TO b सार्वजनिक ==> b पर जाएं		2 Private (for profit) निजी (लाभ के लिए)	→	
			3 NGO/not for profit एनजीओ (लाभ के लिए नहीं)	→	<b>GO TO c</b> c पर जाएं
			4 NGO/for profit एनजीओ (लाभ के लिए)	→	
			5 Registered Private Trust पंजीकृत निजी ट्रस्ट	→	

b. If public, which type of facility is it? यदि सार्वजनिक है, तो यह सुविधा किस प्रकार की है ?

[Interviewer: Circle one response. If PHC it may be necessary to ask the respondent if it is open 24/7. If it is a CHC, may be necessary to ask about FRU status].

[साक्षात्कारकर्ता: एक उत्तर पर गोले (O) का निशान बनाये। यदि पीएचसी (प्राथमिक स्वास्थ्य केन्द्र) है तो उतरदाता से उसके 24/7 खुले रहने के बारे में पूछना आवश्यक हो सकता है। यदि सीएचसी है तो एफआरयू स्थिति के बारे में पूछना आवश्यक हो सकता है।]

1	PHC (open 24/7) पीएचसी (24/7 खुला)		6 Rural hospital ग्रामीण अस्पताल	11	Urban health centre शहरी स्वास्थ्य केन्द्र
2	PHC (open certain hours) पीएचसी (निश्चित घंटे ही खुला)		7 District/Civil hospital जिला अस्पताल/सिविल अस्पताल	12	Postpartum centre प्रसवोत्तर केन्द्र
3	Block PHC ब्लॉक पीएचसी		8 Sub-divisional hospital उप-मंडल अस्पताल	13	Urban family welfare centre शहरी परिवार कल्याण केन्द्र
4	CHC सीएचसी		9 Municipal hospital नगरपालिका अस्पताल	96	Others (specify) _____ अन्य (उल्लेख करें)
5	CHC: first referral unit (FRU) सीएचसी: प्रथम अभिनिर्देशन यूनिट (एफ आर यू)		10 Tertiary hospital उच्च स्तरीय सेवा / तृस्तरीय अस्पताल		

c. If private or NGO, which type of facility is it? यदि निजी या एनजीओ है तो यह किस प्रकार की सुविधा है ?

1	Clinic दवाखाना		3 Maternity hospital प्रसूति अस्पताल	5	Specialized hospital विशेषीकृत अस्पताल
2	Nursing home नर्सिंग होम		4 Multi-specialty hospital बहु-विशिष्टता वाला अस्पताल	96	Others (specify) _____ अन्य (उल्लेख करें)

202 a. How many total beds does this facility have?

सुविधा में कुल कितने बिस्तर हैं ?

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Total # of beds  
कुल बिस्तरों की संख्या

b. And, how many dedicated maternity beds does this facility have?

और, इस सुविधा में मातृत्व सेवा के लिए कितने निर्धारित बिस्तर हैं?

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# of dedicated maternity beds  
मातृत्व निर्धारित बिस्तरों की संख्या

203	<p>Does this facility have the following reproductive health services?</p> <p>क्या इस सुविधा में निम्नलिखित प्रजनन स्वास्थ्य सेवाएं प्रदान की जाती हैं ?</p> <p>[Interviewer: Ask about each service <u>separately</u>. "Does this facility have...?" Circle (O) yes or no.]</p> <p>[साक्षात्कारकर्ता: प्रत्येक सुविधा के बारे में अलग से पूछें "क्या इस सुविधा में निम्नलिखित हैं.." हों अथवा नहीं गोले (O) का निशान बनायें  </p>	YES	NO	
		1	2	a. Antenatal care (ANC) प्रसवपूर्व देखभाल (ए एन सी)
		1	2	b. Maternity and delivery मातृत्व तथा प्रसव
		1	2	c. Postnatal care (PNC) प्रसवोत्तर देखभाल (पी एन सी)
		1	2	d. Basic emergency obstetric care (BEmOC) मूल आपातकालीन प्रसूति देखभाल (बी ई एम ओ सी)
		1	2	e. Comprehensive emergency obstetric care (CEmOC) व्यापक आपातकालीन प्रसूति देखभाल (सी ई एम ओ सी)
		1	2	f. Voluntary surgical contraception (VSC)/sterilization स्वैच्छिक सर्जिकल गर्भनिरोध (वीएससी) - नसबंदी
		1	2	g. IUCD insertion services आइयूसीडी
		1	2	h. Other contraceptive methods/service provision अन्य गर्भनिरोधक पद्धतियां/सेवा प्रवधान
		1	2	i. Contraceptive counseling गर्भनिरोधक परामर्श
		1	2	j. In vitro fertilization/in situ fertilization (IVF/ISF) इन विट्रो फर्टिलाइजेशन/इन विट्रो सेमेनल फर्टिलाइजेशन (आइ वी एफ/आइएसएफ)
		1	2	k. Reproductive tract infection (RTI)/Sexually transmitted infection (STI) care जननेन्द्रिय प्रसारित संक्रमण (आरटीआइ)/यौन संबंधों संचारित संक्रमण (एस टी आइ) देखभाल
		1	2	l. Screening for cervical and breast cancer श्रीवा तथा स्तन कैंसर के लिए जाँच
		1	2	m. Post-abortion complications (PAC) or Incomplete abortion services गर्भपात के पश्चात् जटिलताओं (पी ए सी) या अपूर्ण गर्भपात सेवा की देखभाल
1	2	n. Surgical abortion (induced abortion) सर्जिकल गर्भपात (प्रेरित गर्भपात)		
1	2	o. Medical/medication abortion (MA/MMA) औषधीय/चिकित्सक (एम ए/एम एम ए) द्वारा किया जाने वाला गर्भ		

204	<p>I would like to ask you about the units and equipment that this facility currently has. Does this facility have the following <b>functioning</b> services?</p> <p>मैं आप से इस सुविधा में अभी जो विभाग और उपकरण हैं उनके बारे में कुछ पूछना चाहता/चाहती हूँ 'क्या इस सुविधा में निम्नलिखित कार्यशील सेवाएँ हैं?</p> <p>[Interviewer: Ask each question <u>separately</u>: "Does this facility have ..."]</p> <p>[साक्षात्कारकर्ता: प्रत्येक प्रश्न को अलग से पूछें "क्या इस सुविधा में है..... ?"]</p>	YES	NO	
		1	2	a. An operating theatre (OT) ऑपरेशन थिएटर (ओटी)
		1	2	b. Infection prevention equipment (e.g. instrument preparation room, autoclave machine) संक्रमण रोकथाम उपकरण (उदाहरण के लिए - उपकरण तैयार करने का कमरा, ऑटोक्लेव मशीन)
		1	2	c. Outpatient department (OPD) बाहरी रोगी विभाग (ओ पी डी)
		1	2	d. Inpatient wards इनपैशेंट्स वार्ड
		1	2	e. Separate MTP room अलग एम टी पी कमरा
		1	2	f. Recovery room रिकवरी रूम
		1	2	g. Pharmacy दवाखाना
		1	2	h. Laboratory लेबोरेटरी
		1	2	i. Blood storage facility/Blood transfusion system ब्लड संचयन सुविधा/रक्त-आधान प्रणाली
		1	2	j. Intensive care unit (ICU) (आइसीयू)
		1	2	k. Ultrasound/sonograph अल्ट्रासाउंड/सोनोग्राफी
		1	2	l. Labour room प्रसूति कक्ष
		1	2	m. Examination room providing visual privacy (patient cannot be seen by others) परीक्षण कक्ष देखने संबंधी गोपनीयता प्रदान करता है (दूसरे व्यक्ति रोगी को नहीं देख सकते हैं)
		1	2	n. Examination room providing auditory privacy (patient/doctor conversation cannot be heard by others) परीक्षण कक्ष जो सुनने संबंधी गोपनीयता प्रदान करता है (रोगी/डॉक्टर की बातचीत दूसरे व्यक्ति द्वारा नहीं सुनी जा सकती है )
		1	2	o. Wash basin with running water in exam room परीक्षण कक्ष में पानी की उपलब्धता के साथ वाश बेसिन है
1	2	p. Table with stirrups कुंडी सहित टेबल		
1	2	q. Oxygen ऑक्सीजन		

205	Does this facility have the following services ? क्या इस सुविधा में निम्नलिखित सेवाएं हैं ?  [Interviewer: Ask each question <u>separately</u> : "Does this facility have..."]  [साक्षात्कारकर्ता: प्रत्येक प्रश्न को अलग से पूछें "क्या इस सुविधा में निम्नलिखित सेवाएं हैं ?"]	YES	NO	
		1	2	a. An electricity connection? बिजली का कनेक्शन
		1	2	b. A generator with fuel or charged inverter whenever needed? आवश्यकता पड़ने पर तेल के साथ जनरेटर या चार्ज्ड इनवर्टर
		1	2	c. A regular supply of clean piped water? पाइप द्वारा स्वच्छ जल की नियमित आपूर्ति
		1	2	d. A supply of clean water whenever needed? जब कभी आवश्यक हो तो स्वच्छ जल की आपूर्ति
		1	2	e. An overhead water tank? ओवरहेड पानी का टैंक
		1	2	f. A telephone landline? टेलीफोन लैंडलाइन
		1	2	g. Access to a mobile phone (facility or staff)? मोबाइल फोन की उपलब्धता (सुविधा या स्टाफ) ?
		1	2	h. Proper biomedical waste disposal? प्रोपर बायोमेडिकल वेस्ट डिस्पोजल
		1	2	i. A functional vehicle for transporting patients? रोगी को लाने ले जाने के लिए कार्यरत वाहन
		1	2	j. Emergency transportation for a patient within one hour? घंटे भर में मरीज के लिए आकस्मिक परिवहन सुविधा

### Section 3: Abortion Services

### अनुभाग 3: गर्भपात सेवाएं

**[Interviewer read]:** In this section, I will be asking you about the provision of abortion services **at this facility**. By that I mean all abortion services provided to clients who come to this facility requesting pregnancy termination. I am not asking about services to women who come to the facility after experiencing complications from either a spontaneous or induced abortion. I will talk about those services in the next section.

[साक्षात्कारकर्ता पढ़ें]: इस अनुभाग में, मैं आपसे इस सुविधा में गर्भपात सेवाओं के प्रावधान के बारे में पूछूंगा/पूछूंगी। इससे मेरा अर्थ यह है कि सभी गर्भपात सेवाएं जो उन महिलाओं को दी गयीं थी जो इस सुविधा में गर्भावस्था समाप्त करने के अनुरोध के साथ आई थी। इस अनुभाग में, मैं उन महिलाओं को दी गई सेवाओं के बारे में नहीं पूछ रहा/रही हूँ जो या तो स्वैच्छिक या प्रेरित गर्भपात की जटिलताओं का अनुभव करने के बाद सुविधा में आई। मैं उन सेवाओं के बारे में अगले अनुभाग में बात करूंगा/करूंगी।

<p>301a Does this facility currently provide any induced abortion services? क्या यह सुविधा हाल में कोई प्रेरित गर्भपात सेवाएं प्रदान कर रही है ?</p>	<p>1 Yes/हाँ 2 No ==&gt; [GO TO Q302] नहीं==&gt;[प्र.302 पर जाएं]</p>	
<p>301b How many providers provide induced abortion services at this facility? कितने प्रदानकर्ता प्रेरित गर्भपात की सेवा प्रदान करते हैं ?</p>		<p># of induced abortion providers प्रेरित गर्भपात प्रदानकर्ताओं की संख्या</p>
<p><b>GO TO Q305/ प्र. 305 पर जाएं</b></p>		
<p>302 <i>IF NO./ यदि नहीं तो:</i> a. Has this facility ever provided induced abortion services in the past? क्या पहले कभी इस सुविधा ने प्रेरित गर्भपात सेवाएं प्रदान की हैं ?  b. When was the last time this facility provided induced abortion services? पिछली बार कब इस सुविधा ने प्रेरित गर्भपात सेवाएं प्रदान की थीं ?</p>	<p>1 Yes/हाँ 2 No==&gt; [GO TO Q303] नहीं==&gt;[प्र.303 पर जाएं]</p>	<p>[Record date] [वर्ष दर्ज करें]</p> <p>month year महीना साल</p>
<p>303 What are the reasons that this facility does not currently provide induced abortion services? क्या कारण है कि यह सुविधा हाल में प्रेरित गर्भपात सेवाएं नहीं प्रदान कर रही है ?  [Interviewer: DO NOT read; circle (O) all reasons reported. PROBE: 'Any other reasons?' ]  [साक्षात्कारकर्ता: पढ़ें नहीं; सभी बताये हुए उत्तरों को गोला लगाएं (O)। जाँच: 'कोई अन्य कारण' ]</p>	<p>a b c d e f x</p>	<p>Religious or social reasons of managers प्रबंधकों के धार्मिक या सामाजिक कारण  Religious or social reasons of doctors डॉक्टरों के धार्मिक या सामाजिक कारण  Lack of trained doctors to provide induced abortion services प्रेरित गर्भपात सेवाएं प्रदान करने के लिए प्रशिक्षित डॉक्टरों की कमी  Facility is not certified to provide induced abortion services प्रेरित गर्भपात सेवाएं प्रदान करने के लिए सुविधा प्रमाणित नहीं है  Lack of necessary equipment/supplies आवश्यक उपकरण/आपूर्ति की कमी  Lack of space at facility सुविधा में जगह की कमी  Other (specify): _____ अन्य (उल्लेख करें)</p>

304	<p>What type of facility do you refer women who come to this facility requesting induced abortion services?</p> <p>आप उन महिलाओं को कहाँ भेजते हैं जो इस सुविधा में प्रेरित गर्भपात सेवाओं के अनुरोध के साथ आती हैं ?</p> <p>[Interviewer: DO NOT read; circle (O) all responses reported. PROBE: 'Any other types of facility?' ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सर्किल (O) करें। जांच: 'किसी भी अन्य प्रकार की सुविधा का?']</p>	a	District hospital/other tertiary facility जिला अस्पताल/अन्य त्रिस्तरीय सुविधा	
		b	Sub-divisional hospital उप-मंडल अस्पताल	
		c	Municipal hospital म्युनिसिपल अस्पताल	
		d	CHC/Rural Hospital सी एच सी/ग्रामीण अस्पताल	
		e	Private hospital निजी अस्पताल	
		f	Private clinic निजी दवाखाना	
		g	Nursing home नर्सिंग होम	
		h	NGO facility एन जी ओ सुविधा	
		i	This facility does not refer कहीं नहीं भेजते हैं	
		x	Other (specify): _____ अन्य (उल्लेख करें)	
<p>IF FACILITY DID NOT PROVIDE ABORTION SERVICES IN ANY PART OF THE PAST 12 MONTHS, GO TO SECTION 4 यदि सुविधा ने पिछले 12 महीनों में गर्भपात सेवाएं किसी भी भाग में प्रदान नहीं की थी, तो अनुभाग 4 पर जाएं</p>				
<p>[Interviewer: If facility provided abortions in the PAST 12 MONTHS but not currently, ask respondent to refer to the last full month abortions services were provided for the following questions.</p> <p>[साक्षात्कारकर्ता: यदि सुविधा ने पिछले 12 महीनों में गर्भपात सेवा प्रदान की है परन्तु हाल में नहीं प्रदान कर रही है तो उत्तरदाता से निम्नलिखित प्रश्नों के लिए पिछले पूरे महीने प्रदान की गई गर्भपात सेवाओं का उल्लेख करने के लिए कहें]</p>				
305	<p>What type of induced abortion services are offered?</p> <p>किस प्रकार की प्रेरित गर्भपात सेवाएं प्रस्तावित की जाती हैं ?</p> <p>[Interviewer: Read each service separately. Circle (O) yes or no.]</p> <p>[साक्षात्कारकर्ता: प्रत्येक विकल्प को प्रथम पढ़कर सुनाएं। हाँ और नहीं को (O) गोला करें।]</p>	YES	NO	
		1	2	a. Medical/medication abortion (MA/MMA): Mifepristone and Misoprostol together (combi packs) चिकीत्सीय/औषधीय-गर्भपात (एम ए/एम एम ए): माइफेप्रिस्टोन और माइसोप्रोस्टॉल एक साथ (कोम्बी पैक)
		1	2	b. Medical/medication abortion (MA/MMA): Misoprostol alone चिकीत्सीय/औषधीय-गर्भपात (एम ए/एम एम ए): केवल माइसोप्रोस्टॉल
		1	2	c. Manual Vacuum Aspiration (MVA) मैन्युअल वेक्युम एस्पिरेशन (एम वी ए)
		1	2	d. Electric Vacuum Aspiration (EVA) इलेक्ट्रिक वेक्युम एस्पिरेशन (ई वी ए)
		1	2	e. Dilatation and Curettage (D&C) विस्तारण तथा खुरचना (डी तथा सी)
		1	2	f. Dilatation and Evacuation (D&E) विस्तारण तथा निकास (डी तथा ई)
		1	2	x. Other (specify): _____ अन्य (उल्लेख करें)

306	a. Does this facility possess <b>functional</b> manual vacuum aspiration equipment (MVA)? क्या यह सुविधा कार्यरत मैनुअल वेक्युम एस्पीरेशन उपकरण (एम व्ही ए) से युक्त है?	1	Yes/हाँ	
		2	No/नहीं	
	b. Is anyone in this facility trained to use MVA equipment? क्या इस सुविधा में किसी ने एम वी ए उपकरण के उपयोग का प्रशिक्षण लिया है ?	1	Yes/हाँ	
		2	No==> [GO TO Q307] नहीं==>[प्र.307 पर जाएं]	
	c. Is MVA equipment available to all trained staff when they need it? [If yes, ask if it is available all, most or some of the time] क्या सभी प्रशिक्षित स्टाफ को जब आवश्यकता पड़ती है तो एम वी ए उपकरण उपलब्ध रहता है ? [यदि हाँ तो पूछें, पुरे समय,ज्यादातर समय अथवा कभी-कभार ]	1	Yes, all of the time हाँ, पूरे समय	
		2	Yes, most of the time हाँ, ज्यादातर समय	
		3	Yes, some of the time हाँ, कभी-कभार	
		4	None of the time किसी भी समय नहीं	
	307	a. Does this facility possess <b>functional</b> electric vacuum aspiration equipment (EVA)? क्या यह सुविधा कार्यरत इलेक्ट्रिक वेक्युम एस्पीरेशन उपकरण (ई वी ए) से युक्त है?	1	Yes/हाँ
			2	No/नहीं
		b. Is anyone in this facility trained to use EVA equipment? क्या इस सुविधा में किसी ने ई वी ए उपकरण के उपयोग का प्रशिक्षण लिया है ?	1	Yes/हाँ
			2	No==> [GO TO Q.308] नहीं==>[प्र.308 पर जाएं]
c. Is EVA equipment available to all trained staff when they need it? [If yes, ask if it is available all, most or some of the time.] क्या सभी प्रशिक्षित स्टाफ को जब आवश्यकता पड़ती है तो ई वी ए उपकरण उपलब्ध रहता है ? [यदि हाँ तो पूछें, पुरे समय,ज्यादातर समय अथवा कभी-कभार ]		1	Yes, all of the time हाँ, पूरे समय	
		2	Yes, most of the time हाँ, ज्यादातर समय	
		3	Yes, some of the time हाँ, कभी-कभार	
		4	None of the time किसी भी समय नहीं	
308		Is anyone in this facility trained to perform dilatation and curettage (D&C)? क्या इस सुविधा में विस्तारण तथा खुरचना (डी तथा सी) निष्पादन के लिए किसी को प्रशिक्षित किया गया है ?	1	Yes/हाँ
		2	No /नहीं	



309	<p>Up to what gestation (how many weeks) does this facility provide abortions, regardless of the procedure?</p> <p>इस सुविधा में प्रक्रिया की परवाह किए बिना, किस गर्भावधि (कितने सप्ताह) तक गर्भपात सेवा प्रदान की जाती है ?</p> <p>[Interviewer: DO NOT read. Circle (O) maximum gestation for which this facility provides induced abortion.]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सर्किल (O) अधिकतम गर्भकाल जिसके लिए यह सुविधा प्रेरित गर्भपात की सेवा प्रदान करती है।]</p>	1	<8 completed weeks <8 पूर्ण हफ्ते	<p>[above 12 weeks, GO TO TEXT BEFORE Q312]</p> <p>[12 हफ्तों के ऊपर, तो प्र.312 के पहले लिखी हुई सूचना पर जाएं]</p>
		2	8-12 completed weeks 8 से 12 पूर्ण हफ्ते तक	
		3	13-15 completed weeks 13 से 15 पूर्ण हफ्ते तक	
		4	16-18 completed weeks 16 से 18 पूर्ण हफ्ते तक	
		5	19-20 completed weeks 19 से 20 पूर्ण हफ्ते तक	
		6	21+ weeks 21+ पूर्ण हफ्ते	

310	<p><b>[If only provides abortions less than 12 completed weeks]:</b></p> <p>[यदि गर्भपात सेवा सिर्फ 12 सप्ताह से कम तक प्रदान करते हैं] :</p> <p>Can you tell me why this facility does not provide any induced abortion services at later gestations?</p> <p>क्या आप हमें बता सकते हैं कि यह सुविधा कुछ समय के बाद की गर्भावस्था के लिए किसी भी प्रकार के प्रेरित गर्भपात की सेवाएं क्यों प्रदान नहीं करती ?</p> <p>[Interviewer: DO NOT read; circle (O) all responses reported. PROBE: 'Any other reasons?' ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सर्किल (O) करें। जॉच-पड़ताल: ' कोई अन्य कारण ?']</p>		<table border="1"> <tr> <td data-bbox="781 323 821 380">a</td> <td data-bbox="821 323 1326 380">Not certified for later gestations अनुमोदित सुविधा नहीं है</td> </tr> <tr> <td data-bbox="781 380 821 436">b</td> <td data-bbox="821 380 1326 436">Lack of trained staff/ provider प्रशिक्षित स्टाफ/प्रदानकर्ता की कमी</td> </tr> <tr> <td data-bbox="781 436 821 493">c</td> <td data-bbox="821 436 1326 493">Lack of necessary equipment आवश्यक उपकरण की कमी</td> </tr> <tr> <td data-bbox="781 493 821 550">d</td> <td data-bbox="821 493 1326 550">Lack of space at facility सुविधा में जगह की कमी</td> </tr> <tr> <td data-bbox="781 550 821 606">e</td> <td data-bbox="821 550 1326 606">Lack of blood storage facility ब्लड संचयन सुविधा की कमी</td> </tr> <tr> <td data-bbox="781 606 821 663">f</td> <td data-bbox="821 606 1326 663">Lack of adequate infrastructure पर्याप्त मूलभूत व्यवस्था की कमी</td> </tr> <tr> <td data-bbox="781 663 821 720">g</td> <td data-bbox="821 663 1326 720">Religious/social concerns of administrators or providers प्रशासकों या प्रदानकर्ताओं की धार्मिक/सामाजिक चिंताएं</td> </tr> <tr> <td data-bbox="781 720 821 777">h</td> <td data-bbox="821 720 1326 777">Fear of possible sex selective abortion संभाव्य लिंग चयन गर्भपात का डर</td> </tr> <tr> <td data-bbox="781 777 821 863">x</td> <td data-bbox="821 777 1326 863">Other (specify): _____ अन्य (उल्लेख करें)</td> </tr> </table>	a	Not certified for later gestations अनुमोदित सुविधा नहीं है	b	Lack of trained staff/ provider प्रशिक्षित स्टाफ/प्रदानकर्ता की कमी	c	Lack of necessary equipment आवश्यक उपकरण की कमी	d	Lack of space at facility सुविधा में जगह की कमी	e	Lack of blood storage facility ब्लड संचयन सुविधा की कमी	f	Lack of adequate infrastructure पर्याप्त मूलभूत व्यवस्था की कमी	g	Religious/social concerns of administrators or providers प्रशासकों या प्रदानकर्ताओं की धार्मिक/सामाजिक चिंताएं	h	Fear of possible sex selective abortion संभाव्य लिंग चयन गर्भपात का डर	x	Other (specify): _____ अन्य (उल्लेख करें)		
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FOR FACILITIES THAT PROVIDE MEDICAL/MEDICATION ABORTION (MA/MMA)		
औषधीय गर्भपात (एम ए/एम एम ए) प्रदान करने वाली सुविधाओं के लिए		
[Interviewer: Look back at Q305, if facility provides medical abortion(MA/MMA), continue to Q312. If not, GO TO Q314]		
[ साक्षात्कारकर्ता: पीछे प्र.305 देखें, यदि सुविधा, औषधीय गर्भपात (एम ए/एम एम ए) प्रदान करती है तो प्र.312 को जारी रखें । यदि नहीं तो प्र.314 पर जाएं ]		
<p>312 a. You mentioned that this facility provides induced medical abortion. How is medical abortion typically provided ? आप ने बताया की यह सुविधा प्रेरित औषधीय गर्भपात सेवा प्रदान करती है, आम तौर पर चिकित्सीय गर्भपात सेवा कैसे प्रदान की जाती है ?</p> <p>b. Where do women typically take the first medical abortion pill (mifepristone)? आम तौर पर महिलाएं पहली चिकित्सीय गर्भपात गोली (माइफेप्रिस्टोन) कहाँ लेती है ?</p> <p>c. Where do women typically take the second set of medical abortion pills (misoprostol)? आम तौर पर महिला दूसरी चिकित्सीय गर्भपात गोली (मिसोप्रोस्टोल) कहाँ लेती है?</p>	<p>1 At the facility / सुविधा में</p> <p>2 As a prescription /नुसखा के रूप में</p> <p>3 Both /दोनों</p>	
	<p>1 At the facility / सुविधा में</p> <p>2 At their home /उसके घर पर</p>	
	<p>1 At the facility / सुविधा में</p> <p>2 At their home /उसके घर पर</p>	
	<p>313 a. For every 10 clients obtaining MA/MMA from this facility, how many return for the follow up visit to check that the abortion is complete on or near the recommended 14 day guideline? उन दस महिलाओं के बारे में विचार करें जिन्होंने इस सुविधा से एम ए/एम एम ए द्वारा गर्भपात करवाया है, उनमें से कितनी महिलाएँ 14 दिन के बताये गये दिशा निर्देशों के अनुसार फॉलो अप विजिट के लिए आती हैं</p>	<p># out of 10 MA/MMA clients 10 में से एम ए/एम एम ए ग्राहक की संख्या</p>
		<p># out of 10 MA/MMA clients 10 में से एम ए/एम एम ए ग्राहक की संख्या</p>
	<p>b. Out of every 10 clients obtaining MA/MMA from this facility, how many do you think return BEFORE the recommended time because they experience heavy bleeding which is part of the normal MA process? प्रत्येक दस महिलाओं, जिन्होंने इस सुविधा से एम ए/एम एम ए प्राप्त किया है, उनमें से कितनी बताये गये समय से पहले यह जाँच कराने के लिए वापस आईं क्योंकि उन्होंने अधिक रक्तस्राव का अनुभव किया जो की सामान्य एम ए प्रक्रिया का भाग है ?</p>	<p># out of 10 MA/MMA clients 10 में से एम ए/एम एम ए ग्राहक की संख्या</p>

**[Interviewer read]:** Now, I am going to ask you some questions about the numbers of abortion procedures done at this facility. Without consulting the register, kindly provide the total number of abortion procedures provided. If you do not know the exact number, please base your answers on your best estimate of the **TOTAL** number of procedures done, including both surgical and medical abortion procedures. Please answer based on your knowledge and experience, **and do not consult the register.**

[साक्षात्कारकर्ता पढ़ें]: अब मैं आपसे इस सुविधा में की गई गर्भपात प्रक्रियाओं की वास्तविक संख्या के बारे में कुछ पूछना चाहता/चाहती हूँ। सर्जिकल तथा चिकित्सीय गर्भपात प्रक्रियाएं चाहे वो रजिस्टर में दर्ज की गई हो या नहीं, दोनों को सम्मिलित करते हुए कृपया अपनाई गई प्रक्रियाओं की कुल संख्या बतायें, इसके लिए आप अपने सबसे अच्छे अनुमान को अपने उत्तर का आधार बनाएं। इसलिए, कृपया अपनी जानकारी और अनुभव से उत्तर दें, रजिस्टर न देखें।

<p>314 In the <b>average month</b>, how many induced abortion procedures are performed in this facility? □</p> <p>एक महीने में <b>औसतन</b>, इस सुविधा में कितनी प्रेरित गर्भपात प्रक्रियाएं प्रदान की गयी ?</p> <p style="text-align: center;"><b>OR/या</b></p> <p>[Interviewer: <b>Only</b> if respondent can not provide an answer for the average month, ask:] [साक्षात्कारकर्ता: यदि प्रतिवादी औसत महीने के लिए जवाब नहीं प्रदान कर सकता है, पूछें:]</p> <p>In the <b>average year</b>, how many induced abortion procedures are performed in this facility? □</p> <p><b>औसतन एक साल में</b>, इस सुविधा में कितने प्रेरित गर्भपात प्रक्रियाएं सम्पन्न की गयी ?</p> <p>[Interviewer: Specify that this is a full 12 months]</p> <p>[साक्षात्कारकर्ता: स्पष्ट करें की यह पूर्ण 12 महीने हैं।]</p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					<p>a. Number of induced abortion procedures in <b>average month</b></p> <p><b>औसत</b> माह में प्रेरित गर्भपात प्रक्रियाओं की संख्या</p> <p style="text-align: center;"><b>OR/या</b></p> <p>[DO NOT ask if provided average month] [अगर औसत माह दिया है तो न पूछें]</p> <p>b. Number of induced abortion procedures in <b>average year</b></p> <p><b>औसत वर्ष</b> में प्रेरित गर्भपात प्रक्रियाओं की संख्या</p>
<p>315 In the <b>past</b> month, how many induced abortion procedures were performed in this facility?</p> <p><b>पिछले</b> महीने में, इस सुविधा में कितनी प्रेरित गर्भपात प्रक्रियाएं प्रदान की गई ?</p> <p style="text-align: center;"><b>OR/या</b></p> <p>[Interviewer: <b>Only</b> if respondent can not provide an answer for the past month, ask:] [साक्षात्कारकर्ता: केवल यदि प्रतिवादी पिछले महीने के लिए जवाब नहीं प्रदान कर सकता है, पूछें:]</p> <p>In the <b>past year</b>, how many induced abortion procedures are performed in this facility? □</p> <p><b>पिछले एक साल में</b>, कितनी प्रेरित गर्भपात प्रक्रियाओं इस सुविधा में सम्पन्न हुई हैं?</p> <p>[Interviewer: Specify that this is a full 12 months]</p> <p>[साक्षात्कारकर्ता: स्पष्ट करें की यह पूर्ण 12 महीने हैं।]</p>	<table border="1" style="width: 100%; height: 100%;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>																					<p>a. Number of induced abortion procedures in the <b>past month</b></p> <p><b>पिछले</b> महीने में प्रेरित गर्भपात प्रक्रियाओं की संख्या</p> <p style="text-align: center;"><b>OR/या</b></p> <p>[DO NOT ask if provided past month] [अगर पिछले महीने में दिया हुआ है तो न पूछें]</p> <p>b. Number of induced abortion procedures in the <b>past year</b></p> <p><b>पिछले वर्ष</b> में प्रेरित गर्भपात प्रक्रियाओं की संख्या</p>

<p><b>[Interviewer read]:</b> I am now going to ask you a few questions about the abortions performed at your facility in the past month (or past year).</p> <p><b>[साक्षात्कारकर्ता पढ़ें]:</b> अब मैं आपसे पिछले महीने (या पिछले वर्ष) में आपकी सुविधा में निष्पादित गर्भपातों के बारे में कुछ प्रश्न पूछना चाहता/चाहती हूँ।</p>																																											
<p><b>[Interviewer: Look back at Q315 to obtain the number of abortion procedures in the past month (or year).]</b></p> <p><b>[साक्षात्कर्ता: पिछले महीने (या वर्ष) में गर्भपात प्रक्रियाओं की संख्या प्राप्त करने के लिए पीछे प्र.315 देखें]</b></p>																																											
316	<p>You told me that in the <b>past month (or year)</b>, there were [see Q315] _____ abortions at your facility. About how many of the clients were from this district, another district or another state?</p> <p>आपने मुझसे बताया कि आपकी सुविधा में पिछले महीने (या वर्ष) में [प्र.315 देखें] _____ गर्भपात हुए थे। इनमें से कितनी महिलाएँ निम्न उल्लेखित क्षेत्रों से थीं ?</p> <p><b>[Interviewer: Make sure totals in a-c add to total number of abortion in past month (or year).]</b></p> <p><b>[साक्षात्कारकर्ता: यह सुनिश्चित करें कि a-c के योग को पिछले महीने (या वर्ष) में गर्भपात की कुल संख्या में जोड़ में दी गई संख्या के बराबर है]</b></p>	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																									<p>a. # from within this district इस जिले के भीतर से संख्या</p> <p>b. # from another district दूसरे जिले से संख्या</p> <p>c. # from another state दूसरे राज्य से संख्या</p> <p>Total number of abortions in Q315 प्र.315 में गर्भपातों की कुल संख्या</p>
317	<p>Of the [see Q315] _____ abortions at your facility in the <b>past month (or year)</b>, about how many were performed at each gestation:</p> <p>आपकी सुविधा में पिछले महीने/या वर्ष में [प्र.315 देखें] _____ गर्भपातों में से लगभग कितने निम्नलिखित गर्भावधि में प्रदान किए गए थे ?</p> <p><b>[Interviewer: Read gestation categories. Make sure totals in a-d add up to total number of abortion in past month (or year).]</b></p> <p><b>साक्षात्कारकर्ता: गर्भावधि विकल्पों को पढ़ें। यह सुनिश्चित करें कि a-d का योग पिछले महीने (या वर्ष) में गर्भपात की कुल संख्या के जोड़ के बराबर है।</b></p>	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																									<p>a. # performed at less than 8 weeks gestation &lt;8 सप्ताह से कम की गर्भावधि में प्रदान की गयी संख्या</p> <p>b. # performed during weeks 8-12 gestation 8-12 सप्ताह तक की गर्भावधि के दौरान निष्पादित संख्या</p> <p>c. # performed during weeks 13-20 gestation 13-20 सप्ताह की गर्भावधि के दौरान निष्पादित संख्या</p> <p>d. # performed at 21+ weeks gestation 21+सप्ताह तक की गर्भावधि में निष्पादित संख्या</p> <p>Total number of abortions in Q315 प्र.315 में गर्भपातों की कुल संख्या</p>
318	<p>Next, what is the number of all abortions performed in the past month (or year), at this facility according to the following age groups of the patients? Please give us your best estimate of these numbers.</p> <p>अगला, स्त्रियों के निम्नलिखित आयु समूह के अनुसार इस सुविधा में पिछले महीने/या वर्ष में प्रदान की गयी सभी गर्भपातों की संख्या क्या है ? कृपया हमें इस संख्याओं के लिए आपका सबसे अच्छा अनुमान दें</p> <p><b>[Interviewer: Read age categories, then ask respondent to estimate the number in each age group. Make sure totals in a-d add up to total number of abortions in past month (or year).]</b></p> <p><b>[साक्षात्कारकर्ता: आयु विकल्पों को पढ़ें और उसके बाद उत्तरदाता से प्रत्येक आयु समूह में संख्या का अनुमान लगाने के लिए कहें। सुनिश्चित करें कि पिछले महीने (या वर्ष) में गर्भपातों की कुल संख्या में a-d की कुल संख्या जोड़ के बराबर है ]</b></p>	<table border="1"> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td><td></td></tr> </table>																																									<p>a. # less than 18 years of age 18 वर्ष से कम आयुवालों की संख्या</p> <p>b. # 18-24 years of age 18-24 वर्ष की आयुवालों की संख्या</p> <p>c. # 25-34 years of age 25-34 वर्ष की आयु वालों की संख्या</p> <p>d. # 35+ years of age 35 + वर्ष की आयुवालों की संख्या</p> <p>Total number of abortions in Q.315 प्र. 315 में गर्भपातों की कुल संख्या</p>

319	<p>What is the number of all abortions performed at this facility in the past month (or year) by procedure used? Please give us your best estimate of these numbers.</p> <p>प्रक्रियाओं के उपयोग द्वारा इस सुविधा में पिछले महीने (या वर्ष) में प्रदान की गयी सभी गर्भपातों की संख्या क्या है ? कृपया हमें इस संख्याओं के लिए आपका सबसे अच्छा अनुमान दें ।</p> <p>[Interviewer: Read procedures mentioned in Q305, then ask respondent to estimate the number in each procedure type. Make sure totals in a-x add up to total number of abortion in past month (or year).]</p> <p>[साक्षात्कारकर्ता: Q305 में वर्णित प्रक्रियाओं को पढ़ें, उसके बाद उत्तरदाता से प्रत्येक प्रक्रिया प्रकार में संख्या का अनुमान लगाने के लिए कहें । यह सुनिश्चित करें कि पिछले महीने (या वर्ष) में गर्भपातों की कुल संख्या a-x की कुल संख्या के जोड़ के बराबर है।]</p>							a. Medical/medication abortion (MA/MMA) चिकीत्सीय/औषधीय गर्भपात (एम ए/एम एम ए)	
									b. Manual Vacuum aspiration (MVA) मैन्युअल वेक्युम एस्पिरेशन (एम वी ए)
									c. Electric Vacuum aspiration (EVA) इलेक्ट्रिक वेक्युम एस्पिरेशन (ई वी ए)
									d. Dilatation and Curettage (D&C) विस्तारण तथा खुरचना (डी तथा सी)
									e. Dilatation and evacuation (D&E) विस्तारण तथा निकास (डी तथा ई)
									x. Others, (specify): _____ अन्य (उल्लेख करें)
									Total number of abortions in Q.315 प्र.315 में गर्भपातों की कुल संख्या
320-323	<p>Now, I would like to ask you about abortion methods <b>commonly used</b> at this facility according to the weeks of gestation. Which abortion method is most commonly used at each of the following gestation groups?</p> <p>अब, मैं आप से सप्ताहों की गर्भावधि के अनुसार इस सुविधा में सामान्यतः उपयोग की जाने वाली गर्भपात पद्धति के बारे में पूछना चाहूंगा । प्रत्येक निम्नलिखित गर्भावधि प्रकारों में से कौन-सी गर्भपात पद्धति का सामान्यतः उपयोग किया जाता है ।</p> <p>[Interviewer: Read each gestation category (ask only for abortion methods given in Q.305 and gestations given in Q.309) and ask for the most commonly used abortion method for that gestation. Circle only one type of method per gestation.]</p> <p>[साक्षात्कारकर्ता: प्रत्येक गर्भावधि श्रेणी पढ़ें (केवल Q.305 में दिए गर्भपात पद्धतियों और Q.309 में दी गर्भावधि के लिए पूछना) और उस गर्भावधि के लिए सामान्यतः सबसे अधिक प्रयोग किये जाने वाली पद्धति के लिए पूछें। प्रति गर्भावधि के लिए केवल एक पद्धति के प्रकार को सर्किल करें ]</p>								
	<p>Type of method/ gestation</p> <p>पद्धति/गर्भावधि का प्रकार</p>	<p>Medical/medication abortion (MA/MMA)</p> <p>चिकीत्सीय/औषधीय गर्भपात (एम ए/एम एम ए)</p>	<p>Manual Vacuum aspiration (MVA)</p> <p>मैन्युअल वेक्युम एस्पिरेशन (एम वी ए)</p>	<p>Electric Vacuum aspiration (EVA)</p> <p>इलेक्ट्रिक वेक्युम एस्पिरेशन (ई वी ए)</p>	<p>Dilatation and curettage (D&amp;C)</p> <p>विस्तारण तथा खुरचना (डी तथा सी)</p>	<p>Dilatation and evacuation (D&amp;E)</p> <p>विस्तारण तथा निकास (डी तथा ई)</p>	<p>Not applicable/none performed at this gestation</p> <p>लागू नहीं/इस गर्भावधि में कुछ भी निष्पादित नहीं किया गया</p>		
320	< 8 completed weeks < 8 पूर्ण हफ्ते	1	2	3	4	5	97		
321	8-12 complete weeks 8-12 पूर्ण हफ्ते	1	2	3	4	5	97		
322	13-20 complete weeks 13-20 पूर्ण हफ्ते	1	2	3	4	5	97		
323	21+ weeks 21+ पूर्ण हफ्ते	1	2	3	4	5	97		

324-327	<p>Which types of anaesthesia are most commonly used for abortion procedures done at each of the following gestation groups:</p> <p>निम्नलिखित गर्भावधियों में प्रयुक्त गर्भपात प्रक्रियाओं के लिए एनिसथेसिया के निम्नलिखित प्रकारों में से किसका सबसे अधिक उपयोग किया गया ।</p> <p>[Interviewer: Read each gestation category (ask only for gestations given in Q.309) and ask for the most commonly used anaesthesia for that gestation. Circle only one anaesthesia per gestation.</p> <p>[साक्षात्कारकर्ता: प्रत्येक गर्भावधि श्रेणी पढ़ें ( केवल प्र.309 में दी गई गर्भावधियों के लिए पूछें) और उस गर्भावधि के लिए सबसे अधिक बार प्रयोग की गयी एनिसथेसिया के लिए पूछें।केवल एक गर्भावधियों के लिए एक एनिसथेसिया को सर्किल करें। ]</p>																												
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328-330	<p>On average, how much do women pay for each type of abortion performed at this facility? Please include costs of any MA drugs women have to buy outside of the facility.</p> <p>औसतन, महिलाएं इस सुविधा में गर्भपात निष्पादन के प्रत्येक प्रकार के लिए कितना भुगतान करती हैं ? कृपया सुविधा के बाहर महिलाओं के द्वारा खरीदे जाने वाले किसी भी एम अ ड्रग्स की लागत को शामिल करें</p> <p>[Interviewer: Ask respondent about the cost for each procedure. ]</p> <p>[साक्षात्कारकर्ता: उत्तरदाता से प्रत्येक प्रक्रिया की प्रत्येक लागत के बारे में अलग से पूछें ।</p> <table border="1"> <thead> <tr> <th></th> <th>Rs</th> <th colspan="5">TOTAL COSTS/ कुल लागत</th> </tr> </thead> <tbody> <tr> <td>328 Medical/medication abortion (MA/MMA) चिकीत्सीय/औषधीय गर्भपात(एम ए/एम एम ए)</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>329 1st trimester surgical abortion पहली तिमाही सर्जिकल गर्भपात</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>330 2nd trimester surgical abortion दूसरी तिमाही सर्जिकल गर्भपात</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Rs	TOTAL COSTS/ कुल लागत					328 Medical/medication abortion (MA/MMA) चिकीत्सीय/औषधीय गर्भपात(एम ए/एम एम ए)							329 1st trimester surgical abortion पहली तिमाही सर्जिकल गर्भपात							330 2nd trimester surgical abortion दूसरी तिमाही सर्जिकल गर्भपात						
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331	<p>At what times are abortion providers available to attend to clients?</p> <p>गर्भपात सेवा के लिए आने वाली महिलाओं की सेवा के लिए प्रशिक्षित स्टाफ कौन-से समय में उपलब्ध रहते हैं ?</p> <p>[Interviewer: DO NOT read; circle (O) all times reported. PROBE: 'Any other times?' ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सर्किल(O) सभी समय सूचित। जांच-पड़ताल: 'किसी भी अन्य समय?']</p> <table border="1"> <tr> <td>a</td> <td>24/7</td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>OR/या</b></td> </tr> <tr> <td>b</td> <td>Weekdays during the day सप्ताह के दौरान दिन के समय</td> </tr> <tr> <td>c</td> <td>Weekday evenings सप्ताह के दौरान शाम के समय</td> </tr> <tr> <td>d</td> <td>Weekends सप्ताहांत</td> </tr> <tr> <td>e</td> <td>Only a few days per week प्रति सप्ताह केवल कुछ दिन</td> </tr> <tr> <td>x</td> <td>Other (specify): _____ अन्य (उल्लेख करें)</td> </tr> </table>	a	24/7	<b>OR/या</b>		b	Weekdays during the day सप्ताह के दौरान दिन के समय	c	Weekday evenings सप्ताह के दौरान शाम के समय	d	Weekends सप्ताहांत	e	Only a few days per week प्रति सप्ताह केवल कुछ दिन	x	Other (specify): _____ अन्य (उल्लेख करें)														
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332	<p>Whose consent is commonly taken before performing an induced abortion? गर्भपात किये जाने के पहले सामान्यतः किसकी सहमति ली जाती है ?</p> <p>[Interviewer: DO NOT read; circle (O) all responses reported. PROBE: 'Anyone else?']</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सिर्किल(O) करें।जांच-पड़ताल: 'कोई अन्य ?']</p>		<table border="1"> <tr> <td>a</td> <td>Woman herself महिला स्वयं</td> </tr> <tr> <td>b</td> <td>Her husband/partner उसके पति/सहयोगी</td> </tr> <tr> <td>c</td> <td>Her in-laws , if married उसके ससुराल के व्यक्ति, यदि विवाहित हैं</td> </tr> <tr> <td>d</td> <td>Her parents or guardian, if unmarried उसके माता-पिता या अभिभावक यदि अविवाहित हैं</td> </tr> <tr> <td>e</td> <td>No consent taken (not even woman's) सहमति नहीं ली ( महिला की भी नहीं )</td> </tr> <tr> <td>x</td> <td>Other, specify: _____ अन्य (उल्लेख करें)</td> </tr> </table>	a	Woman herself महिला स्वयं	b	Her husband/partner उसके पति/सहयोगी	c	Her in-laws , if married उसके ससुराल के व्यक्ति, यदि विवाहित हैं	d	Her parents or guardian, if unmarried उसके माता-पिता या अभिभावक यदि अविवाहित हैं	e	No consent taken (not even woman's) सहमति नहीं ली ( महिला की भी नहीं )	x	Other, specify: _____ अन्य (उल्लेख करें)						
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333	<p>What information and advice is given about the induced abortion procedure and follow-up care? प्रेरित गर्भपात प्रक्रिया और फॉलो-अप के बारे में किस प्रकार की जानकारी और सुझाव दिए जाते हैं</p> <p>[Interviewer: DO NOT read; circle (O) all responses reported. PROBE: 'Anything else?']</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सिर्किल(O) करें। जांच: 'कुछ और ?']</p>		<table border="1"> <tr> <td>a</td> <td>What the procedure does इस प्रक्रिया में क्या होता है?</td> </tr> <tr> <td>b</td> <td>How to manage pain/how much pain to expect दर्द का प्रबंधन कैसे किया जा सकता है/कितना दर्द हो सकता है</td> </tr> <tr> <td>c</td> <td>How long/how much bleeding to expect कितनी देर/कितना खून बहने की संभावना है</td> </tr> <tr> <td>d</td> <td>Infection prevention संक्रमण की रोकथाम</td> </tr> <tr> <td>e</td> <td>When to resume sexual activity सहवास गतिविधि पुनः कब आरंभ की जा सकती है</td> </tr> <tr> <td>f</td> <td>Return to natural capacity of childbearing प्रजनन की प्राकृतिक क्षमता की वापसी की ओर</td> </tr> <tr> <td>g</td> <td>To return for a follow up visit फॉलो अप विजिट के लिए वापस आएं</td> </tr> <tr> <td>h</td> <td>No information given कोई जानकारी नहीं दी</td> </tr> <tr> <td>x</td> <td>Other (specify): _____ अन्य (उल्लेख करें)</td> </tr> </table>	a	What the procedure does इस प्रक्रिया में क्या होता है?	b	How to manage pain/how much pain to expect दर्द का प्रबंधन कैसे किया जा सकता है/कितना दर्द हो सकता है	c	How long/how much bleeding to expect कितनी देर/कितना खून बहने की संभावना है	d	Infection prevention संक्रमण की रोकथाम	e	When to resume sexual activity सहवास गतिविधि पुनः कब आरंभ की जा सकती है	f	Return to natural capacity of childbearing प्रजनन की प्राकृतिक क्षमता की वापसी की ओर	g	To return for a follow up visit फॉलो अप विजिट के लिए वापस आएं	h	No information given कोई जानकारी नहीं दी	x	Other (specify): _____ अन्य (उल्लेख करें)
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334	<p>a. In the past year, were any women who came to this facility requesting an induced abortion turned away ? पिछले वर्ष में, क्या कोई महिला इस सुविधा में प्रेरित गर्भपात कराने आई थी जिसे वापस भेजा गया ?</p> <p>b. Out of 100 women seeking induced abortion services at this facility, how many were turned away ? इस सुविधा में प्रेरित गर्भपात सेवाएं चाहने वाली 100 महिलाओं में से, कितनी महिलाओं को वापस भेजा गया ?</p>	<table border="1"> <tr> <td>1</td> <td>Yes/हाँ</td> </tr> <tr> <td>2</td> <td>No==&gt; [GO TO INSTRUCTIONS BEFORE Q.338] नहीं==&gt;[प्र.338 पर जाएं]</td> </tr> </table>	1	Yes/हाँ	2	No==> [GO TO INSTRUCTIONS BEFORE Q.338] नहीं==>[प्र.338 पर जाएं]	<table border="1"> <tr> <td></td> <td># out of 100 women seeking induced abortion services at this facility इस सुविधा में प्रेरित गर्भपात सेवाएं चाहने वाली 100 महिलाओं में से</td> </tr> </table>		# out of 100 women seeking induced abortion services at this facility इस सुविधा में प्रेरित गर्भपात सेवाएं चाहने वाली 100 महिलाओं में से												
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335	<p>What were the reasons women were turned away from this facility when seeking induced abortion?</p> <p>ऐसे कौन से कारण हैं, जिनकी वजह से प्रेरित गर्भपात सेवाएं चाहने वाली महिलाओं को इस सुविधा से वापस भेज दिया गया ?</p> <p>[Interviewer: DO NOT read; circle (O) all reasons reported. PROBE: 'Any other reasons?' ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सिर्किल(O) करें।जांच-पड़ताल: 'कोई अन्य कारण ?']</p>		<table border="1"> <tr> <td>a</td> <td>Pregnancy was too far along for this facility इस सुविधा के लिए गर्भावस्था काफी आगे बढ़ गई थी</td> </tr> <tr> <td>b</td> <td>Pregnancy gestation was beyond what is legally allowed गर्भकाल कानूनी मान्यता से अधिक है</td> </tr> <tr> <td>c</td> <td>Consent not obtained from husband/partner पति/साथी से सहमति नहीं ली</td> </tr> <tr> <td>d</td> <td>Consent not obtained from other family member परिवार के अन्य सदस्यों से सहमति प्राप्त नहीं की</td> </tr> <tr> <td>e</td> <td>Medical reasons related to the woman महिला संबंधित चिकित्सीय कारण</td> </tr> <tr> <td>f</td> <td>She had no children/ nulliparous/ primigravid उसके कोई बच्चे नहीं हैं/अप्रसवा/ पहली बार गर्भवती</td> </tr> <tr> <td>g</td> <td>Woman could not afford शुल्क भरने में समर्थ नहीं थे</td> </tr> <tr> <td>h</td> <td>Patient too young महिला काफी युवा थी</td> </tr> <tr> <td>i</td> <td>Patient unmarried महिला अविवाहित थी</td> </tr> <tr> <td>j</td> <td>Provider not available प्रदानकर्ता उपलब्ध नहीं था</td> </tr> <tr> <td>k</td> <td>MA/MMA not available (एम ए/एम एम ए) दवाइयां उपलब्ध नहीं थी</td> </tr> <tr> <td>l</td> <td>Sex selective abortion requested/suspected लिंग चयन गर्भपात चाहते थे/संदेह था</td> </tr> <tr> <td>m</td> <td>Already received ultrasound अल्ट्रासाउंड पहले ही करा चुके थे</td> </tr> <tr> <td>x</td> <td>Other (specify): _____ अन्य (उल्लेख करें)</td> </tr> </table>	a	Pregnancy was too far along for this facility इस सुविधा के लिए गर्भावस्था काफी आगे बढ़ गई थी	b	Pregnancy gestation was beyond what is legally allowed गर्भकाल कानूनी मान्यता से अधिक है	c	Consent not obtained from husband/partner पति/साथी से सहमति नहीं ली	d	Consent not obtained from other family member परिवार के अन्य सदस्यों से सहमति प्राप्त नहीं की	e	Medical reasons related to the woman महिला संबंधित चिकित्सीय कारण	f	She had no children/ nulliparous/ primigravid उसके कोई बच्चे नहीं हैं/अप्रसवा/ पहली बार गर्भवती	g	Woman could not afford शुल्क भरने में समर्थ नहीं थे	h	Patient too young महिला काफी युवा थी	i	Patient unmarried महिला अविवाहित थी	j	Provider not available प्रदानकर्ता उपलब्ध नहीं था	k	MA/MMA not available (एम ए/एम एम ए) दवाइयां उपलब्ध नहीं थी	l	Sex selective abortion requested/suspected लिंग चयन गर्भपात चाहते थे/संदेह था	m	Already received ultrasound अल्ट्रासाउंड पहले ही करा चुके थे	x	Other (specify): _____ अन्य (उल्लेख करें)
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336	<p>Does this facility provide any advice to women who are refused an induced abortion?</p> <p>क्या यह सुविधा उन महिलाओं को सलाह देती है, जिन्हें इस सुविधा में प्रेरित गर्भपात करने से इनकार कर दिया गया है?</p>	<table border="1"> <tr> <td>1</td> <td>Yes/हाँ</td> </tr> <tr> <td>2</td> <td>No==&gt; [GO TO INSTRUCTIONS BEFORE Q.338] नहीं==&gt;[प्र.338 के पहले लिखी हुई सूचना पर जाएं]</td> </tr> </table>	1	Yes/हाँ	2	No==> [GO TO INSTRUCTIONS BEFORE Q.338] नहीं==>[प्र.338 के पहले लिखी हुई सूचना पर जाएं]																									
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337	<p>What advice does this facility give to women who are refused an induced abortion?</p> <p>उन महिलाओं को यह सुविधा क्या सलाह देती है, जिन्हें इस सुविधा में उनका प्रेरित गर्भपात करने से इन्कार किया गया है ?</p> <p>[Interviewer: DO NOT read; circle (O) all responses reported. PROBE: 'Anything else?']</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सिर्किल(O) करें।जांच-पड़ताल: 'कोई अन्य ?']</p>	a	To continue the pregnancy गर्भावस्था जारी रखना
		b	To consult the doctor for advice सलाह के लिए डॉक्टर से परामर्श करना
		c	To visit a (higher level) private clinic निजी दवाखाने (उच्च स्तरीय) में जाना
		d	To visit a (higher level) government facility सरकारी सुविधा (उच्च स्तरीय) में जाना
		e	Not to self-induce स्वतः प्रेरित गर्भपात नहीं करना
		f	The consequences of unsafe abortion असुरक्षित गर्भपात के परिणाम
		g	Advice on family planning परिवार नियोजन के बारे में सलाह
		h	To go to a facility that provides later abortions देर वाले गर्भपातों के लिए स्वीकृत सुविधा में जाना
		x	Other (specify): _____ अन्य (उल्लेख करें)
		<p><b>FOR FACILITIES THAT PROVIDE SECOND TRIMESTER ABORTION</b></p> <p><b>दूसरी तिमाही में गर्भपात करवाने वाली सुविधाओं के लिए</b></p>	
<p>[Interviewer: Look back at Q309, if facility provides abortion above 12 weeks gestation, continue to Q338. If not, GO TO SECTION 4]</p> <p>[साक्षात्कारकर्ता: पीछे प्र.309 देखें, यदि सुविधा 12 सप्ताह से अधिक की गर्भावधि के गर्भपात करती है तो प्र.338 जारी रखें। यदि नहीं तो अनुभाग 4 में जाएं]</p>			
338	<p>Now, I would like to ask you about induced abortions provided in the 2nd trimester. For 2nd trimester induced abortions, what is the average length of stay for a patient, regardless of the abortion method?</p> <p>अब, मैं आपसे दूसरी तिमाही में प्रदान की जाने वाली प्रेरित गर्भपात सेवाओं से संबंधित कुछ बातों के बारे में पूछना चाहूँगा/चाहूँगी। दूसरी तिमाही के प्रेरित गर्भपातों के लिए पद्धति के बारे में न सोचते हुए, महिला के लिए वहाँ रहने की औसत अवधि क्या है ?</p>		a. # of hours / घंटों की संख्या
			b. # of days / दिनों की संख्या
		OR/या	

## Section 4: Post Abortion Complications Care (PAC) Services अनुभाग 4: गर्भपात के पश्चात् जटिलता देखभाल (पी ए सी) सेवाएं

**[Interviewer read:]** Now, I would like to ask you some questions about this facility's provision of services to treat postabortion complications, generally referred to as PAC services. Please include complications cases from both spontaneous abortions and induced abortions that may have been received here or **anywhere else**.

Postabortion complications, as defined here, include a range of complications from extremely serious cases such as sepsis or a perforated uterus, to "incomplete abortions," which are usually identified by heavy bleeding, but nevertheless need medical attention.

**[Interviewer: Please note that the abortion complications questions relate to both spontaneous and induced abortions. You should reiterate this as often as possible while completing this section.]**

**[साक्षात्कारकर्ता पढ़ें:]** अब, मैं आपसे गर्भपात के पश्चात् जटिलताओं के उपचार जिसका आम तौर पर पी ए सी सेवाओं के रूप में उल्लेख किया जाता है, इस सुविधा के प्रावधान के बारे में कुछ प्रश्न पूछना चाहूंगा/चाहूंगी। कृपया अपने आप हुए और प्रेरित गर्भपात के जटिल मामलों को शामिल करें जो यहाँ या कहीं और किये गए हैं।

गर्भपात के बाद की जटिलताओं को जिस प्रकार परिभाषित किया गया है उसमें न केवल अत्यधिक गंभीर मामले जैसे सेप्सिस या गर्भाशय में छेद होना बल्कि वे मामले भी हैं जिन्हें "अपूर्ण गर्भपात" कहा जाता है जिसे सामान्यतया अत्यधिक रक्तस्राव से पहचाना जाता है और जो महिलाओं को जरा-सा कम गंभीर स्वास्थ्य जोखिम देता है परन्तु फिर भी चिकित्सा सावधानी की आवश्यकता है। कृपया सहज और प्रेरित गर्भपात दोनों को जटिलताओं के मामलों में शामिल करें।

**[साक्षात्कारकर्ता: कृपया नोट करें कि गर्भपात जटिलताओं वाले प्रश्न स्वैच्छिक तथा प्रेरित गर्भपात दोनों से संबंधित हैं। इस अनुभाग को पूर्ण करते समय जितनी बार संभव हो आप इन्हें दोहराएं। ]**

401a	<p>I know I already asked if you provide PAC services, but just to confirm, does this facility provide post abortion complications (PAC) care?</p> <p>मैं जानता हूँ की पहले ही आप से यह पूछ लिया गया है, लेकिन सिर्फ इस बात की पुष्टि करने के लिए है की क्या यह सुविधा गर्भपात के पश्चात् की जटिलताओ (पी ए सी) की देखभाल सेवा प्रदान करती है ?</p>	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<p>Yes/हाँ</p> <p>No==&gt;[GO TO Q402] नहीं==&gt;[प्र. 402 पर जाएं]</p>
401b	<p>How many providers provide PAC care?</p> <p>कितने प्रदाता पी ए सी देखभाल सेवा प्रदान करते है ?</p>	<input style="width: 30px; height: 20px;" type="text"/> <input style="width: 30px; height: 20px;" type="text"/>	<p># of PAC providers ==&gt;[GO TO Q406] पी ए सी प्रदाताओं की संख्या ==&gt; [प्र. 406 पर जाएं]</p>
402	<p>a. Has this facility <b>ever</b> provided PAC services in the past? क्या इस सुविधा ने पहले कभी भी पी ए सी सेवाएं प्रदान की हैं?</p> <p>b. When was the last time this facility provided PAC services? इस सुविधा ने पिछली बार कब पी ए सी सेवाएं प्रदान की थीं ?</p>	<input type="checkbox"/> 1  <input type="checkbox"/> 2	<p>Yes/हाँ</p> <p>No==&gt; [GO TO Q.403] नहीं==&gt;[अनुभाग प्र. 403 में जाएं]</p>
	<p>month/ महीना</p> <p>year/वर्ष</p>	<p>[Record date] [वर्ष दर्ज करें]</p>	

403	<p>What are the reasons that this facility does not provide PAC services?</p> <p>क्या कारण हैं कि इस समय यह सुविधा पी ए सी सेवाएं नहीं प्रदान कर रही है ?</p> <p>[Interviewer: DO NOT read; circle (O) all reasons reported. PROBE: 'Any other reasons?' ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सर्किल (O) करें। जाँच: 'कोई अन्य कारण ?']</p>		<p>a Lack of trained staff to provide PAC services पी ए सी सेवाएं प्रदान करने के लिए प्रशिक्षित स्टाफ की कमी</p> <p>b Lack of necessary equipment/supplies आवश्यक उपकरण/आपूर्ति की कमी</p> <p>c Lack of space at facility सुविधा में जगह की कमी</p> <p>x Other, specify: _____ अन्य (उल्लेख करें)</p>
404	<p>Do you refer women with postabortion complications to another facility?</p> <p>क्या आप गर्भपात के पश्चात् की जटिलताओं के लिए महिला को दूसरी सुविधा में भेजते हैं ?</p>	<p>1 Yes/हाँ</p> <p>2 No==&gt; [GO TO instructions before Q406] नहीं==&gt; [प्र.406 से पहले निर्देशों पर जाएं]</p>	
405	<p>Where do you refer women who come to this facility requesting PAC services?</p> <p>जो महिला इस सुविधा में पी ए सी सेवाओं के लिए आती है उसे आप कहाँ भेजते हैं ?</p> <p>[Interviewer: DO NOT read; circle (O) all responses reported. PROBE: 'Anywhere else?' ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सर्किल (O) करें। जाँच: 'कहीं और ?']</p>		<p>a District hospital/other tertiary facility जिला अस्पताल/अन्य टर्शियरी सुविधा</p> <p>b Sub-divisional hospital उप-मंडल अस्पताल</p> <p>c Municipal hospital म्युनिसिपल अस्पताल</p> <p>d CHC/Rural Hospital सी एच सी/ग्रामीण अस्पताल</p> <p>e Private hospital निजी अस्पताल</p> <p>f Private clinic निजी दवाखाना</p> <p>g Nursing home नर्सिंग होम</p> <p>h NGO facility एनजीओ सुविधा</p> <p>x Other (specify): _____ अन्य (उल्लेख करें)</p>
<p>IF FACILITY DID NOT PROVIDE PAC SERVICES IN ANY PART OF THE PAST 12 MONTHS, GO TO SECTION 5 यदि सुविधा ने पिछले 12 महीनों में किसी भाग में पी ए सी सेवाएं नहीं प्रदान की हैं, अनुभाग 5 पर जाये</p>			

406	<p>In which of the following rooms or wards is treatment of postabortion complications (PAC) provided?</p> <p>निम्नलिखित में से कौन-से कमरों या वार्डों में गर्भपात के पश्चात् जटिलताओं (पी ए सी) का उपचार प्रदान किया जाता है ?</p> <p>[Interviewer: Please read out the list of wards and circle (O) yes or no.]</p> <p>[साक्षात्कारकर्ता: कृपया वार्डों की सूची को पढ़ कर सुनाये और हा/ नहीं को गोला (O) करें ]</p>	YES	NO	
		1	2	a. MTP/MVA room एमटीपी/एमव्हीए कक्ष
		1	2	b. General ward (female) सामान्य वार्ड (स्त्री)
		1	2	c. Maternity ward प्रसूति वार्ड
		1	2	d. Gynaecological ward स्त्री रोग वार्ड
		1	2	e. Post Partum ward प्रसवोत्तर वार्ड
		1	2	f. Outpatient department (OPD) बाहरी रोगी विभाग (ओपीडी)
		1	2	g. Emergency ward एमरजेंसी वार्ड
		1	2	x. Other ward (specify): _____ अन्य वार्ड (उल्लेख करें)
407	<p>At what times are staff members trained in PAC provision available to attend to PAC patients?</p> <p>पी ए सी महिलाओं की सेवा के लिए प्रशिक्षित स्टाफ कौन-से समय पर उपलब्ध रहते हैं ?</p> <p>[Interviewer: DO NOT read; circle (O) all times reported. PROBE: 'Any other times?' ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी समय को सर्किल (O) करें। जाँच: किसी अन्य समय?]</p>	a	24/7	
		<b>OR/या</b>		
		b	Weekdays during the day सप्ताह के दौरान दिन के समय	
		c	Weekday evenings सप्ताह के दौरान शाम के समय	
		d	Weekends सप्ताहान्त	
		e	Only a few days per week प्रति सप्ताह केवल कुछ दिन	
		x	Other (specify): _____ अन्य (उल्लेख करें)	
408	<p>In this facility, do postabortion complications (PAC) patients receive treatment as outpatients only, as inpatients only, or as both inpatients and outpatients?</p> <p>इस सुविधा में, क्या गर्भपात के पश्चात् जटिलताओं की सेवा पाने वाली महिलाओं को केवल आउटपेशेंट के रूप में, केवल इनपेशेंट रोगी के रूप में अथवा दोनों इनपेशेंट और आउटपेशेंट के रूप में उपचार प्राप्त होता है ?</p>	1	Only outpatient केवल आउटपेशेंट (भर्ती नहीं)	
		2	Only inpatient केवल इनपेशेंट	
		3	Both inpatient and outpatient इनपेशेंट और आउटपेशेंट दोनों	

<p><b>[Interviewer read]:</b> Now, I am going to ask you some questions about the actual numbers of women treated <b>at this facility</b> for complications resulting from both induced and spontaneous abortions. Kindly base your answers on your best estimate of the <b>TOTAL</b> number of women treated for PAC, whether or not all cases are entered into a register.</p> <p><b>[साक्षात्कारकर्ता पढ़ें]:</b> अब हम आपसे उन महिलाओं की वास्तविक संख्या के बारे में कुछ प्रश्न पूछना चाहते हैं जिन्होंने इस सुविधा में प्रेरित तथा स्वैच्छिक दोनों गर्भपातों के परिणामस्वरूप जटिलताओं के लिए उपचार लिया। कृपया पीएसी के लिए उपचार की गई महिलाओं की कुल संख्या के अपने सबसे अच्छे अनुमान को उत्तर का आधार बनाएं, चाहे सभी मामले रजिस्टर में दर्ज किए गए हों या नहीं।</p>																	
<p>409 In the <b>average month</b>, how many PAC patients would you estimate are treated as <b>outpatients</b> in this facility as a whole? <input type="checkbox"/></p> <p><b>औसत</b> माह में, आपके हिसाब से कुल मिलाकर इस सुविधा में आउट पेशेंट के रूप में कितनी महिलाओं को पी ए सी का उपचार दिया जाता है ?</p> <p>OR/या</p> <p><b>[Interviewer: Only if respondent can not provide an answer for the average month, ask:]</b></p> <p><b>[साक्षात्कारकर्ता: केवल यदि उत्तरदाता औसत महीने के लिए जवाब नहीं दे सकता है, पूछें:]</b></p> <p>In the <b>average year</b>, how many PAC patients would you estimate are treated as <b>outpatients</b> in this facility as a whole? <input type="checkbox"/></p> <p><b>औसत वर्ष</b> में, आपके हिसाब से कुल मिलाकर इस सुविधा में आउट पेशेंट के रूप में कितनी महिलाओं को पी ए सी का उपचार दिया जाता है ?</p> <p><b>[Interviewer: Specify that this is a full 12 months]</b></p> <p><b>[साक्षात्कारकर्ता: यह स्पष्ट करें की पूर्ण 12 महीने हैं]</b></p>	<table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> </table> <p>a. Number of PAC <b>outpatients</b> in the <b>average month</b></p> <p><b>औसत</b> माह में पी ए सी <b>आउटपेशेंट</b> की संख्या</p> <p>OR/या</p> <p>b. Number of PAC <b>outpatients</b> in the <b>average year</b></p> <p><b>औसत</b> वर्ष में पीएसी <b>आउटपेशेंट</b> की संख्या</p>																
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<p align="center">[Interviewer: See Q408. If the health facility provides ONLY outpatient services, go to Q 413.]  [साक्षात्कारकर्ता: प्र.408 देखें   यदि स्वास्थ्य सुविधा केवल बाहरी रोगी सेवाएं प्रदान करती है तो प्र.413 पर जाएं]</p>			
411	<p>In the <b>average month</b>, how many PAC patients would you estimate are treated as <b>inpatients</b> in this facility as a whole? □</p> <p><b>औसत</b> माह में, आपके हिसाब से कुल मिलाकर इस सुविधा में इन पेशेंट के रूप में कितनी महिलाओं को उपचार दिया गया है ?</p> <p align="center">OR/या</p> <p>[Interviewer: <b>Only</b> if respondent can not provide an answer for the past month, ask:]</p> <p>[साक्षात्कारकर्ता: केवल यदि उत्तरदाता पिछले महीने के लिए जवाब नहीं दे सकता है, पूछें:]</p> <p>In the <b>average year</b>, how many PAC patients would you estimate are treated as <b>inpatients</b> in this facility as a whole? □</p> <p><b>औसत वर्ष</b> में, आपके हिसाब से कुल मिलाकर इस सुविधा में इन पेशेंट के रूप में कितनी महिलाओं को पी ए सी का उपचार दिया गया है ?</p> <p>[Interviewer: Specify that this is a full 12 months]</p> <p>[साक्षात्कारकर्ता: यह स्पष्ट करें की पूर्ण 12 महीने हैं]</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>a. Number of PAC <b>inpatients</b> in the <b>average month</b></p> <p><b>औसत माह</b> में पीएसी <b>इनपेशेंट</b> की संख्या</p> <p align="center">OR/या</p>
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>b. Number of PAC <b>inpatients</b> in the <b>average year</b></p> <p><b>औसत वर्ष</b> में पीएसी <b>इनपेशेंट</b> की संख्या</p>
412	<p>During the <b>past month</b>, how many PAC patients would you estimate were treated as <b>inpatients</b> in this facility as a whole?</p> <p><b>पिछले</b> माह के दौरान, आपके हिसाब से कुल मिलाकर इस सुविधा में इन पेशेंट के रूप में कितनी महिलाओं को पी ए सी का उपचार दिया गया है ?</p> <p align="center">OR/या</p> <p>[Interviewer: <b>Only</b> if respondent can not provide an answer for the past month, ask:]</p> <p>[साक्षात्कारकर्ता: केवल यदि उत्तरदाता पिछले महीने के लिए जवाब नहीं प्रदान कर सकता है, पूछें:]</p> <p>During the <b>past year</b>, how many PAC patients would you estimate are treated as <b>inpatients</b> in this facility as a whole? □</p> <p>पिछले वर्ष के दौरान, आपके हिसाब से कुल मिलाकर इस सुविधा में इन पेशेंट के रूप में कितनी महिलाओं को पी ए सी का उपचार दिया गया है ?</p> <p>[Interviewer: Specify that this is a full 12 months]</p> <p>[साक्षात्कारकर्ता: यह स्पष्ट करें की पूर्ण 12 महीने हैं]</p>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>a. Number of PAC <b>inpatients</b> in the <b>past month</b></p> <p><b>पिछले महीने</b> में पीएसी <b>इनपेशेंट</b> की संख्या</p> <p align="center">OR/या</p>
		<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<p>b. Number of PAC <b>inpatients</b> in the <b>past year</b></p> <p><b>पिछले वर्ष</b> में पीएसी <b>इनपेशेंट</b> की संख्या</p>





<p><b>[Interviewer read]:</b> I am now going to ask you a few questions about the postabortion care services performed at your facility in the past month (or past year).</p> <p><b>[साक्षात्कारकर्ता पढ़ें]:</b> अब मैं आपसे पिछले महीने (या वर्ष) में आपकी सुविधा में गर्भपात के पश्चात् देखभाल सेवाओं के बारे में कुछ पूछने जा रहा/रही हूँ ।</p>	
<p><b>[Interviewer: Look back at Q.414c or f to obtain the number of PAC cases in the past month]</b></p> <p><b>[साक्षात्कारकर्ता: पिछले महीने में पीएसी मामलों की संख्या प्राप्त करने के लिए पीछे प्र.414c अथवा f को देखें]</b></p>	
415	<p>You told me that in the <b>past month (or year)</b>, there were [see Q414c or f] _____ PAC cases at your facility. About how many women were from this district, another district or another state?</p> <p>आपने मुझसे बताया कि पिछले महीने (या वर्ष) में आपकी सुविधा में [प्र.414c or f देखें] _____ पीएसी के मामले थे । लगभग कितनी महिलाएं इस जिले, दूसरे जिले अथवा दूसरे राज्य से थे ?</p> <p><b>[Interviewer: Read the list of areas and ask how many women were from each. Make sure totals in a-c add up to total number of PAC cases in past month (or year).]</b></p> <p><b>[साक्षात्कारकर्ता: क्षेत्रों की सूची पढ़ें और पूछिए कि प्रत्येक क्षेत्र से कितनी महिलाएँ थीं । सुनिश्चित करें कि पिछले महीने (या वर्ष) में पीएसी मामलों की कुल संख्या में a-c की कुल संख्या के जोड़ के बराबर हैं]</b></p>
	<p>a. # from within this district इस जिले के भीतर से संख्या</p> <p>b. # from another district दूसरे जिले से संख्या</p> <p>c. # from another state दूसरे राज्य से संख्या</p> <p>Total number of PAC in Q414c or 414f प्र.414c अथवा 414f में पीएसी की कुल संख्या</p>
416	<p>Of the [see Q414c or f] _____ PAC cases at your facility in the past month (or year), how many received each of the following kinds of treatment for their abortion complications? Please keep in mind a patient may have had more than one PAC procedure.</p> <p>पिछले महीने अथवा वर्ष में आपकी सुविधा में _____ पीएसी मामलों में [प्र.414 c or f देखें ], प्रत्येक प्रकार के गर्भपात जटिलताओं के लिए उपचार प्राप्त करने वाले महिलाओं की संख्या क्या है ? कृपया यह ध्यान रखें कि यह मुमकिन है की उन्हें एक से अधिक पी ए सी प्रक्रिया भी प्रदान की जा सकती होगी</p> <p><b>[Interviewer: Read procedures, then ask respondent to estimate the number who received each procedure type. Procedures in a-x may not sum to total number of PAC cases in past month (or year) because more than one PAC procedure may be used per case. ]</b></p> <p><b>[साक्षात्कारकर्ता: प्रक्रियाओं को पढ़ें, उसके बाद उत्तरदाता से, जिन्होंने प्रत्येक प्रक्रिया प्रकार प्राप्त किया है उनकी संख्या का अनुमान लगाने के लिए कर्हें a-x में प्रक्रियाएं पिछले महीने (या वर्ष) में पीएसी की कुल संख्या के समान नहीं हो सकती क्योंकि प्रति मामले में एक से अधिक पीएसी प्रक्रिया का उपयोग किया जा सकता है ]</b></p>
	<p>a. Manual Vacuum Aspiration (MVA) मैन्युअल वैक्युम एस्पिरेशन (एम व्ही ए)</p> <p>b. Electric Vacuum Aspiration (EVA) इलेक्ट्रिक वैक्युम एस्पिरेशन (ई व्ही ए)</p> <p>c. Misoprostol माइसोप्रोस्टॉल</p> <p>d. Dilatation and Curettage (D&amp;C) विस्तारण तथा खुरचना (डी एवं सी)</p> <p>e. Dilatation and evacuation (D&amp;E) विस्तारण तथा निकास (डी एवं ई)</p> <p>f. Surgical intervention शल्य चिकित्सा के हस्तक्षेप</p> <p>g. Pain Management/Monitoring दर्द समाधान / निगरानी</p> <p>x. Others (specify): _____ अन्य (उल्लेख करें)</p>

<p><b>[Interviewer read]:</b> Now, I would like to ask about the specific abortion complications that were treated at this facility in recent years.</p> <p><b>[साक्षात्कारकर्ता पढ़ें]:</b> अब मैं आपसे विशिष्ट गर्भपात जटिलताओं के बारे में पूछना चाहूंगा/चाहूंगी जिनका उपचार इस सुविधा में तात्कालिक वर्षों में हुआ है।</p>	
<p>417 Thinking about 100 PAC cases <b>in general</b>, how many has this facility treated with the specific complication I will mention, keeping in mind one woman may have multiple complications?</p> <p>100 सामान्य पीएसी मामलों के बारे में सोचिए, उनमें से इस सुविधा में कितनी महिलाओं का उन जटिलताओं के लिए उपचार किया गया जिनके बारे में मैं उल्लेख करूंगा? यह ध्यान रखे की एक महिला को एक से ज्यादा जटिलताओं के लिए उपचार हो सकता है।</p> <p>[Interviewer: READ list out. Ask how many women receiving PAC out of every 100 had each complication mentioned. Total may add to more than 100 because women may have multiple complications. If facility has not treated anyone with that complication, fill in 0.]</p> <p>[साक्षात्कारकर्ता: विकल्प पढ़कर सुनाएं पूछिए कि प्रत्येक 100 में से कितने पीएसी महिलाओं को प्रत्येक उल्लिखित जटिलता थी। जोड़ 100 से ऊपर हो सकता है क्योंकि एक महिला को कई जटिलताएं हो सकती हैं। यदि सुविधा ने इन जटिलता वाले किसी का उपचार नहीं किया है तो इसमें 0 लिखें ]</p>	<p># of PAC patients      पीएसी महिलाओं की संख्या</p>
	<p>a. Incomplete abortion from MA/MMA औपधीय/चिकित्सक एमए/एमएमए से पद्धति अपूर्ण गर्भपात</p>
	<p>b. Incomplete abortion from any other procedure किसी भी अन्य प्रक्रिया से अपूर्ण गर्भपात</p>
	<p>c. Prolonged or abnormal bleeding लंबे समय तक या असामान्य रक्तस्राव</p>
	<p>d. Infection of the uterus/surrounding areas गर्भशय/उसके आसपास के क्षेत्र का संक्रमण</p>
	<p>e. Injury/perforation/laceration घोट/छेदन/धीर</p>
	<p>f. Sepsis सेप्सिस</p>
	<p>g. Shock (hemorrhagic/septic) शॉक (हेमोर्हेजिक/सेप्टिक)</p>
	<p>x. Others, (specify): _____ अन्य (उल्लेख करें)</p>

418	<p>a. To your best knowledge, <b>out of 100 women who come in for PAC</b> services, how many have complications from a 2nd trimester pregnancy?:</p> <p>आपके सर्वोत्तम ज्ञान से, 100 महिलाओं में से जो पी. ए. सी. सेवाओं के लिए आई थीं, कितनी को दूसरी तिमाही के गर्भकाल से जटिलता थी ?</p>		<p>a. out of 100 PAC cases 100 पी ए सी मामलों में से</p>
	<p>b. <b>Out of 100 women who come in for PAC</b>, how many have complications because of a surgical termination of pregnancy procedure?</p> <p>100 महिलाओं में से जो पीएसी सेवाओं के लिए आयी उनमें से कितनी को शल्यचिकित्सीय गर्भपात प्रक्रिया के कारण समस्याएँ/जटिलताएँ थी ?</p>		<p>b. out of 100 PAC cases 100 पी ए सी मामलों में से</p>
	<p>c. <b>Out of 100 women who come in for PAC</b>, how many have complications because of a medical abortion MA /MMA procedure obtained from any source?</p> <p>100 महिलाओं में से जो पीएसी सेवाओं के लिए आयी उनमें से कितनी को, औषधीय गर्भपात एम ए/एम एम ए की प्रक्रिया की वजह से समस्याएँ/जटिलताएँ थी चाहे वो किसी भी स्रोत से प्राप्त किया हो ?</p>		<p>c. out of 100 PAC cases 100 पी ए सी मामलों में से</p>
	<p><b>[If facility provides MTP:]</b></p> <p>d. <b>Out of 100 women who come in for PAC</b>, how many have complications from abortions done at this facility?</p> <p><b>[यदि सुविधा एमटीपी प्रदान करता है]</b> 100 में से कितनी महिलाओं को जो पी ए सी के लिए आयी थीं, कितनी को गर्भपात से जटिलताएँ हैं जिनका गर्भपात इस सुविधा में हुआ था?</p>		<p>d. out of 100 PAC cases 100 पी ए सी मामलों में से</p>
	<p>e. <b>Out of 100 women who come in for PAC</b>, how many have life threatening complications that require immediate care?</p> <p>100 महिलाओं में से जो पीएसी सेवाओं के लिए आयी उनमें से, कितनी को जीवन संकट में डालने वाली जटिलताएँ थीं, जिन्हें तुरंत देखभाल की आवश्यकता थी ?</p>		<p>e. out of 100 PAC cases 100 पी ए सी मामलों में से</p>
	<p>f. <b>Out of 100 women who come in for PAC</b>, how many die at this facility?</p> <p>100 महिलाओं में से जो पीएसी सेवाओं के लिए आयी उनमें से कितनी की इस सुविधा में मृत्यु हुई ?</p>		<p>f. out of 100 PAC cases 100 पी ए सी मामलों में से</p>

419-420	<p>On average, at this facility, how much do women pay for PAC procedures performed for mild complications and those performed for serious complications?</p> <p>औसतन, इस सुविधा में प्रत्येक प्रकार की पीएसी प्रक्रिया प्रदान करने के लिए महिला को कुल कितना खर्च करना पड़ता है ? इनके लिए किए गए खर्च का अनुमान लगाएं.</p> <p>[Interviewer: Record costs in space provided.] / [साक्षात्कारकर्ता: उतरदाता से प्रत्येक प्रक्रिया के बारे में अलग-से पूछें]</p>																						
	TOTAL COSTS/ कुल लागत																						
419	<table border="1"> <tr> <td>PAC with mild complications पीएसी कम जटिलताओं के साथ</td> <td>Rs</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>	PAC with mild complications पीएसी कम जटिलताओं के साथ	Rs																				
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421	<p>I would now like to ask you about advice or counselling given to women receiving PAC services at this facility. Which topics do you offer advice or counseling on to women receiving PAC?</p> <p>अब मैं आप से इस सेवा अथवा सलाह जो इस सुविधा में पीएसी सेवा लेने वाली महिला को दी जाती है के बारे में पूछना चाहूंगा/चाहूंगी। इस सुविधा में पीएसी सेवा लेने वाली महिलाओं को निम्नलिखित विषयों में से किस विषय पर आप सलाह देते हैं ?</p> <p>[Interviewer: DO NOT read; circle (O) all reasons reported. PROBE: 'Anything else?' ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उतरो को सिक्रिल (O) करें। जाँच: 'कुछ और ?']</p> <table border="1"> <tr> <td>a</td> <td>Contraception गर्भनिरोध</td> </tr> <tr> <td>b</td> <td>Emergency contraception आपातकालीन गर्भनिरोध</td> </tr> <tr> <td>c</td> <td>Pain management दर्द समाधान</td> </tr> <tr> <td>d</td> <td>Infection prevention संक्रमण की रोकथाम</td> </tr> <tr> <td>e</td> <td>RTI/STI prevention आरटीआई/एस टी आई रोकथाम</td> </tr> <tr> <td>f</td> <td>To avoid illegal/unsafe procedures in future भविष्य में अवैध/असुरक्षित प्रक्रियाओं को टालना</td> </tr> <tr> <td>g</td> <td>To return for a follow up visit फॉलो अप विजिट के लिए वापस आए</td> </tr> <tr> <td>h</td> <td>When to resume sexual activity यौन क्रिया दोबारा शुरू करने के बारे में</td> </tr> <tr> <td>i</td> <td>Return to natural capacity of childbearing जननशक्ति की वापसी</td> </tr> <tr> <td>x</td> <td>Other (specify): _____ अन्य (उल्लेख करें)</td> </tr> <tr> <td>z</td> <td>None, do not offer advice कोई नहीं, सलाह प्रस्तावित नहीं की</td> </tr> </table>	a	Contraception गर्भनिरोध	b	Emergency contraception आपातकालीन गर्भनिरोध	c	Pain management दर्द समाधान	d	Infection prevention संक्रमण की रोकथाम	e	RTI/STI prevention आरटीआई/एस टी आई रोकथाम	f	To avoid illegal/unsafe procedures in future भविष्य में अवैध/असुरक्षित प्रक्रियाओं को टालना	g	To return for a follow up visit फॉलो अप विजिट के लिए वापस आए	h	When to resume sexual activity यौन क्रिया दोबारा शुरू करने के बारे में	i	Return to natural capacity of childbearing जननशक्ति की वापसी	x	Other (specify): _____ अन्य (उल्लेख करें)	z	None, do not offer advice कोई नहीं, सलाह प्रस्तावित नहीं की
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<p><b>IF FACILITY DID NOT PROVIDE ABORTION AND PAC SERVICES IN ANY PART OF THE PAST 12 MONTHS, GO TO SECTION 6</b></p> <p><b>यदि सुविधा ने पिछले 12 महीनों के किसी भाग में गर्भपात और पी ए सी सेवाएं नहीं प्रदान की हैं, अनुभाग 6 पर जाये</b></p>																							

**Section 5: Contraceptive Care and Counselling Provided to Abortion and PAC Patients**

**अनुभाग 5: गर्भपात तथा पीएसी रोगियों को प्रदान की गई गर्भनिरोधक देखभाल तथा परामर्श**

**[Interviewer read:]** Now, I would like to ask you some questions about the contraceptive care and counselling provided at this facility for women receiving either abortion or PAC services.

**[साक्षात्कारकर्ता पढ़ें:]** अब, मैं आपसे इस सुविधा में प्रदान की गई गर्भनिरोधक देखभाल तथा परामर्श के बारे में कुछ प्रश्न पूछना चाहता/चाहती हूँ जो महिलाये इस सुविधा में गर्भपात या पी ए सी सेवाएं प्राप्त करती हैं ।

501 For each of the following methods of contraception, kindly tell me if it is both prescribed and available at this facility. If not, please tell me if it is offered by prescription for women to obtain outside the facility, or if it is neither available nor prescribed.

गर्भनिरोध की प्रत्येक निम्नलिखित पद्धतियों के लिए, कृपया मुझे बताएं यदि ये (१) इस सुविधा में प्रस्तावित की गई हैं । यदि नहीं तो कृपया मुझे बताएं यदि ये (२) नुसखा द्वारा प्रदान की गई हैं (३) न प्रदान की गयी है और न ही निर्धारित की गई ।

**[Interviewer: Read out each method separately and circle (O) the appropriate response]**

**[साक्षात्कारकर्ता: प्रत्येक पद्धति को अलग से पढ़कर सुनाएं और उचित जवाब को गोला (O) करें]**

Contraceptive method/ गर्भनिरोधक पद्धति	Prescribed /available at this facility/ निर्धारित/ इस सुविधा में उपलब्ध		By prescription (outside facility)/ नुसखा द्वारा		Neither available nor prescribed/ प्रदान/निर्धारित नहीं किया गया		
	1		2		3		
a. Birth control pills/ गर्भनिरोधक गोलियां	1		2		3		
b. Condoms/ कंडोम	1		2		3		
c. IUCD/आइ यू सी डी	1		2		3		
d. Injectables/इजेक्टेबल्स	1		2		3		
e. Female sterilization/ महिला नसबन्दी	1		2		3		
f. Vasectomy/NSV/वैसेक्टॉमी/एन यस व्ही	1		2		3		
g. Emergency contraception (EC) आपातकालीन गर्भनिरोधक	1		2		3		
x. Other (specify): _____ अन्य (उल्लेख करें)	1		↓	2	↓	3	↓

**[Interviewer: If only provided by prescription or no methods are offered onsite, GO TO Q504.]**

**[साक्षात्कारकर्ता: यदि पर्चे द्वारा ही प्रदान की जाती है या कोई पद्धतियां उस स्थान पर प्रदान नहीं की गई हैं तो प्र.504 पर जाएं]**

502	<p>Does this facility ever have any problems with running out of the following family planning supplies? Please tell me how often the facility runs out of each method: often, sometimes, rarely or never.</p> <p>क्या इस सुविधा को निम्नलिखित परिवार नियोजन आपूर्तियों के खत्म होने से सम्बंधित कभी कोई समस्या आई है? कृपया मुझे बताएं कि इस सुविधा में प्रत्येक विधि कब कब खत्म हो जाती है : अक्सर, कभी कभी, शायद ही कभी या कभी नहीं</p> <p><b>[Interviewer: Read only the methods available at the facility in Q.501] Read each one separately.</b> [साक्षात्कारकर्ता: केवल तभी पढ़ें जब प्र.501 की पद्धतियां सेवा में उपलब्ध हो] प्रत्येक को अलग से पढ़ें।</p>												
	Contraceptive method/ गर्भनिरोधक पद्धति		Often/अक्सर		Sometimes/ कभी-कभी		Rarely/ शायद ही कभी		Never/ कभी नहीं		N/A/ लागू नहीं		Don't know/ पता नहीं
	a. Birth control pills/ गर्भनिरोधक गोलियाँ		1		2		3		4		97	98	
	b. Condoms/ कंडोम		1		2		3		4		97	98	
	c. IUCD/ आइ यू सी डी		1		2		3		4		97	98	
	d. Injectables/ इंजेक्टैबल्स		1		2		3		4		97	98	
	e. Emergency contraception (EC) आपातकालीन गर्भनिरोधक		1		2		3	↓	4	↓	97	98	
GO TO Q.504 if no methods ever run out/ यदि कोई पद्धति कभी खत्म नहीं होती है तो प्र.504 पर जाएं.													
503	<p>If this facility runs out of supplies, how does the facility handle it?</p> <p>यदि इस सुविधा में आपूर्तियाँ खत्म हो जाती हैं तो सुविधा इसे किस प्रकार से संभालती है?</p> <p><b>[Interviewer: DO NOT read; circle (O) all responses reported. PROBE: 'Anything else?']</b></p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सिर्किल (O) करें। जॉब: 'कुछ और?']</p>												
	a		Arrange to have methods delivered पद्धतियों के लिए वितरण की व्यवस्था करना										
	b		Give a prescription उन्हें नुसखा दे										
	c		Advise to return when stock is in place उन्हें स्टॉक आ जाने पर वापस आने के लिए कहा गया										
	d		Give another method that is in stock उन्हें दूसरी पद्धति दी गई जो स्टॉक में है										
	e		Refer to another facility उन्हें दूसरी सुविधा में भेजा										
x		Other (specify): _____ अन्य (उल्लेख करें)											

504	<p>Now, consider the women who receive an induced abortion or PAC services at this facility. On average, out of 10 how many are given advice about family planning?</p> <p>अब केवल उन महिलाओं को ध्यान में रखकर जिन्होंने इस सुविधा में प्रेरित गर्भपात और पी ए सी सेवाएं प्राप्त करी, औसतन, 10 में से कितनी महिलाओं को परिवार नियोजन के बारे में सलाह दी जाती है?</p>		<p># out of 10 induced abortion or PAC clients 10 गर्भपात रोगियों में से संख्या ==&gt; [If 0 GO TO Q.506 ] ==&gt; यदि 0 तो प्र.506 पर जाये</p>
505	<p>What topics are generally covered in contraceptive counselling for women who receive induced abortion or PAC services at this facility?</p> <p>सामान्यतः गर्भ निरोधको की सलाह के समय उन महिलाओं से कौन से विषय पर चर्चा होती है जो इस सुविधा में प्रेरित गर्भपात और पी ए सी सेवाएं प्राप्त करने आती है ।</p> <p>[Interviewer: DO NOT read; circle (O) all topics reported. PROBE: 'Any other topics'? ] [साक्षात्कारकर्ता: पढ़े नहीं; सभी उत्तरों को सिर्किल (O) करें। जाँच: 'कोई अन्य विषय ?']</p>		<p>a Instructions on correct use of methods सभी पद्धतियों के उचित प्रयोग पर निर्देश</p> <p>b Instructions on available methods उपलब्ध पद्धतियों पर निर्देश</p> <p>c Advantages and disadvantages of methods प्रत्येक पद्धति के लाभ एवम हानि</p> <p>d What to do in case of method failure/ incorrect use of methods पद्धति विफलता पर क्या करे/पद्धति का गलत प्रयोग</p> <p>x Other (specify): _____ अन्य (उल्लेख करें)</p>
<p>[Interviewer: Check Q501, if no methods are available OR prescribed at the facility, GO TO SECTION 6] [साक्षात्कारकर्ता: प्र.501 की जांच करें, यदि सुविधा में पद्धतियां प्रस्तावित नहीं की गई हैं तो अनुभाग 6 पर जाएँ]</p>			
506	<p>On average, out of 10 women receiving induced abortion or PAC services, how many accept a modern contraceptive method?</p> <p>औसतन, प्रेरित गर्भपात और पी ए सी सेवाएं प्राप्त करने वाली 10 महिलाओं में से, कितनी महिलाएं आधुनिक गर्भनिरोधक पद्धति अपनाती हैं ?</p>		<p># out of 10 induced abortion or PAC clients 10 गर्भपात वाले मरीजों में से संख्या</p>
507	<p>What is the most preferred method of family planning accepted by women who have PAC or induced abortions at this facility?</p> <p>प्रेरित गर्भपात और पी ए सी सेवाएं लेने वाली महिलाओं की परिवार नियोजन की अत्यधिक लोकप्रिय पद्धतियाँ कौन - सी हैं, जिन्होंने इस सुविधा में गर्भपात करवाया है?</p> <p>[Interviewer: Circle (O) only one method.] [साक्षात्कारकर्ता: केवल एक पद्धति पर गोला (O) करें।]</p>		<p>1 Birth control pills गर्भनिरोधक गोलियां</p> <p>2 Condom कंडोम</p> <p>3 IUCD आइयूसीडी</p> <p>4 Injectables इंजेक्टेबल्स</p> <p>5 Female Sterilization महिला नसबन्दी</p> <p>6 Vasectomy/ NSV वेसेक्टॉमी</p> <p>7 Emergency contraceptive (EC) आपातकालीन गर्भनिरोधक</p> <p>96 Other (specify): _____ अन्य (उल्लेख करें)</p>

FOR FACILITIES THAT PROVIDE ABORTION SERVICES/ उन सुविधाओं के लिए जो गर्भपात सेवाएँ उपलब्ध कराती हैं।		
IF ONLY PAC SERVICES OFFERED, GO TO SECTION 6/ यदि सिर्फ PAC सेवाएँ ही प्रदान की जाती हैं, अनुभाग 6 पर जाएँ		
[Interviewer read:] <i>Now I would like to ask specifically about women who come to this facility for induced abortion</i>		
[साक्षात्कारकर्ता पढ़ें:] अब मैं आप से विशेष रूप से उन महिलाओं के बारे में पूछना चाहूँगा/चाहूँगी जो इस सुविधा में प्रेरित गर्भपात की सेवाओं के लिए आयी हैं।		
508	At what stage(s) of providing induced abortion services do you discuss contraception? Would you say it is:	YES NO
	प्रेरित गर्भपात सेवाएँ प्रदान करने के किस चरण में आप गर्भनिरोध के बारे में विचार-विमर्श करना प्रारंभ करते हैं? क्या आप यह कहेंगे कि:	1 2
	Before the procedure? प्रक्रिया के पहले	1 2
	After the procedure while she is resting? प्रक्रिया के बाद जब वह आराम कर रही थी?	1 2
	At the time of discharge? डिस्चार्ज के समय	1 2
	At time of follow-up visit? फॉलो-अप विजिट के समय	1 2
[Interviewer: Read out each option and circle (O) yes/no.] [साक्षात्कारकर्ता: प्रत्येक विकल्प को पढ़ कर सुनाये और हाँ/ नहीं को सर्किल (O) करें।]	1 2	Other, specify: _____ अन्य, उल्लेख करें
509	Are some or all women required to adopt a modern contraceptive method as a condition for receiving an abortion at this facility?  क्या इस सुविधा में गर्भपात प्राप्त करने के लिए कुछ या सभी महिलाओं को एक शर्त के रूप में आधुनिक गर्भनिरोधक विधि अपनाना आवश्यक है ?	1 Yes/हाँ 2 No==> [GO TO SECTION 6] नहीं==> अनुभाग 6 पर जाएँ
510	Which types of women are required to accept contraception as a condition for receiving an abortion at this facility?  किस प्रकार की महिलाओं को इस सुविधा में गर्भपात प्राप्त करने के लिए, एक शर्त के रूप में गर्भनिरोधक स्वीकार करना पड़ता है	a Women with many children/ high parity women कई बच्चों के साथ महिला / उच्च समानता वाली महिलाएँ
	b Women who had a prior abortion महिलाएँ जिन्होंने पहले गर्भपात करवाया था	
	c Women with history of contraceptive failure गर्भनिरोधक विफल हो जाने के इतिहास वाली महिलाएँ	
	d Unmarried women अविवाहित महिलाएँ	
	e A woman with a young child छोटे बच्चे वाली महिला	
	f All women requesting an abortion गर्भपात का अनुरोध करने वाली सभी महिलाएँ	
	x Other (specify): _____ अन्य (उल्लेख करें)	
	[Interviewer: DO NOT read; circle (O) all responses reported. PROBE: 'Anyone else'? ] [साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सर्किल (O) करें। जाँच: 'किसी और को?']	



511	<p>Which contraceptive methods are these women who seek abortions encouraged to adopt?</p> <p>यह सुविधा उन महिलाओं को कौन-सी गर्भनिरोधक पद्धतियों को अपनाने के लिए प्रोत्साहित करती है, जो गर्भपात कराने के लिए आती हैं?</p> <p>[Interviewer: DO NOT read; circle (O) all methods reported. PROBE: 'Any other methods'? ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सिर्किल (O) करें। जाँच: 'कोई अन्य पद्धति?']</p>	
		a Birth control pills/गर्भनिरोधक गोलियाँ
		b Condoms/निरोध
		c IUCD/आइ यू सी डी
		d Injectables/ इंजेक्टेबल्स
		e Female sterilization/ महिला नसबन्दी
x Other (specify): _____ अन्य (उल्लेख करें)		

## Section 6: General

### अनुभाग 6: सामान्य

**[Interviewer read]:** Finally, I would like to ask you about your opinions on abortion services in this state more generally. Remember, your answers are confidential.

**[साक्षात्कारकर्ता पढ़ें]:** अंत में, मैं आपसे इस राज्य में गर्भपात सेवाओं के बारे में आपकी राय के बारे में पूछना चाहूंगा/चाहूंगी। याद रखें कि आपके उत्तर गोपनीय हैं और इनकी पहचान इस सुविधा के साथ नहीं की जाएगी।

601	<p>In your opinion, what are the most common reasons why women seek an induced abortion?</p> <p>आपकी राय के अनुसार सबसे आम कारण कौन से हैं जिनके लिए महिलाएं स्वेच्छक गर्भपात करवाती हैं ?</p> <p><b>[Interviewer: DO NOT read; circle (O) all reasons reported. PROBE: 'Any other reasons?']</b></p> <p><b>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सिर्किल (O) करें। जाँच: कोई अन्य कारण ?]</b></p>	<p>a Woman not using modern contraceptive method आधुनिक गर्भनिरोधक पद्धति प्रयोग न करने वाली महिलाएँ</p> <p>b Contraceptive method failed गर्भनिरोधक पद्धति विफल</p> <p>c Health problems of the women महिलाओं की स्वास्थ्य समस्याएँ</p> <p>d Health problems of the foetus भ्रूण की स्वास्थ्य समस्याएँ</p> <p>e Husband/other family member did not want the child पति/परिवार के अन्य सदस्य बच्चा नहीं चाहते थे</p> <p>f Could not afford another child/poverty दूसरे बच्चे को संभालने में असमर्थ होना/गरीबी</p> <p>g Woman was unmarried महिला अविवाहित थी</p> <p>h Woman too young महिला काफी युवा थी</p> <p>i Wanted longer spacing between births जन्मों के बीच लम्बा अंतराल चाहिए था</p> <p>j Had enough children already पहले से ही बहुत बच्चे थे</p> <p>k Foetus was female भ्रूण लड़की थी</p> <p>l Pregnancy was a result of rape/incest गर्भवस्था बलात्कार/अनाचार के कारण थी</p> <p>m Doctor advised डॉक्टर ने सलाह दी थी</p> <p>x Others (specify): _____ अन्य (उल्लेख करें)</p>
602	<p>In your opinion, why do some women seek induced abortion services from unsafe providers?</p> <p>आप की राय में क्यों कुछ महिलाएँ प्रेरित गर्भपात की सेवाएँ असुरक्षित प्रदाताओं से लेती हैं ?</p> <p><b>[Interviewer: DO NOT read; circle (O) all reasons reported. PROBE: 'Any other reasons?']</b></p> <p><b>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सिर्किल (O) करें। जाँच: कोई अन्य कारण ?]</b></p>	<p>a Not enough safe or certified providers available सुरक्षित और पंजीकृत प्रदाताओं की अप्रयाप्तता/कमी</p> <p>b They don't know where to find safe providers सुरक्षित प्रदाताओं का पता न होना</p> <p>c They don't want anyone to know वो नहीं चाहती कि किसी को पता चले</p> <p>d They don't have the money to pay for safe services सुरक्षित सुविधाओं के लिए पैसे का न होना</p> <p>e Their pregnancy is too advanced and they were refused safe services गर्भवस्था अवधि का अधिक था और उन्हें सुरक्षित सेवाओं से इनकार कर दिया गया</p> <p>x Others (specify): _____ अन्य (उल्लेख करें)</p>

603	<p>In your opinion, what barriers or difficulties are faced by women who try to get abortion services in this community; including both induced abortion services and care for post abortion complications?</p> <p>आपकी राय में, महिलाएं जब इस समुदाय में या आस-पास के क्षेत्रों में गर्भपात सेवाएं (दोनों प्रेरित गर्भपात और गर्भपात के पश्चात जटिलताओं की सेवा) प्राप्त करने की कोशिश करती हैं तब उन्हें निम्नलिखित में से कौन-सी बाधाओं का सामना करना पड़ता है ?</p> <p>[Interviewer: DO NOT read; circle (O) all barriers reported. PROBE: 'Anything else?' ]</p> <p>[साक्षात्कारकर्ता: पढ़ें नहीं; सभी उत्तरों को सिर्किल (O) करें। जाँच: 'कुछ और ?' ]</p>	<table border="1"> <tr> <td>a</td> <td>Cost to the woman महिला पर पड़ने वाला खर्च</td> </tr> <tr> <td>b</td> <td>Distance/transportation दूरी/परिवहन की कमी</td> </tr> <tr> <td>c</td> <td>Gestational age limits गर्भवधि संबंधी आयु सीमा</td> </tr> <tr> <td>d</td> <td>Inadequate training of providers प्रदानकर्ताओं को अपर्याप्त प्रशिक्षण</td> </tr> <tr> <td>e</td> <td>Inadequate equipment at facility सुविधा में अपर्याप्त उपकरण</td> </tr> <tr> <td>f</td> <td>Under-staffing at facility सुविधा में कर्मचारियों की कमी</td> </tr> <tr> <td>g</td> <td>Hostile/unfriendly provider attitudes प्रदानकर्ता का रूखा/विरोधी व्यवहार</td> </tr> <tr> <td>h</td> <td>Lack of information on services सेवाओं पर जानकारी की कमी</td> </tr> <tr> <td>i</td> <td>Husband/family objections पति/परिवार की आपत्ति</td> </tr> <tr> <td>j</td> <td>Fear of a legal case/legal repercussions कानूनी मामले का डर / कानूनी प्रभाव</td> </tr> <tr> <td>k</td> <td>Fear of stigma बदनामी का डर</td> </tr> <tr> <td>l</td> <td>Fear of procedure/pain/infection प्रक्रिया/दर्द/संक्रमण का डर</td> </tr> <tr> <td>m</td> <td>Conscientious objectors to abortion (providers) गर्भपात के नैतिक आपत्तिकर्ता (प्रदानकर्ता)</td> </tr> <tr> <td>x</td> <td>Other (specify): _____ अन्य (उल्लेख करें):</td> </tr> </table>	a	Cost to the woman महिला पर पड़ने वाला खर्च	b	Distance/transportation दूरी/परिवहन की कमी	c	Gestational age limits गर्भवधि संबंधी आयु सीमा	d	Inadequate training of providers प्रदानकर्ताओं को अपर्याप्त प्रशिक्षण	e	Inadequate equipment at facility सुविधा में अपर्याप्त उपकरण	f	Under-staffing at facility सुविधा में कर्मचारियों की कमी	g	Hostile/unfriendly provider attitudes प्रदानकर्ता का रूखा/विरोधी व्यवहार	h	Lack of information on services सेवाओं पर जानकारी की कमी	i	Husband/family objections पति/परिवार की आपत्ति	j	Fear of a legal case/legal repercussions कानूनी मामले का डर / कानूनी प्रभाव	k	Fear of stigma बदनामी का डर	l	Fear of procedure/pain/infection प्रक्रिया/दर्द/संक्रमण का डर	m	Conscientious objectors to abortion (providers) गर्भपात के नैतिक आपत्तिकर्ता (प्रदानकर्ता)	x	Other (specify): _____ अन्य (उल्लेख करें):
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604	<p>Please mention any additional suggestions or recommendations that you feel could be used to reduce the number of <b>unsafe abortions</b> and their consequences for women's health in this state.</p> <p>कृपया किन्हीं अतिरिक्त सुझावों या सिफारिशों का उल्लेख करें, जिनके बारे में आप यह महसूस करते हैं कि इस राज्य में महिलाओं के स्वास्थ्य के लिए असुरक्षित गर्भपातों की संख्या तथा उनके परिणामों को कम करने के लिए उनका उपयोग किया जा सकता है।</p> <p>[Interviewer: DO NOT read out list. Multiple responses are allowed. Circle (O) all mentioned.]</p> <p>[साक्षात्कारकर्ता: सूची को पढ़कर न सुनाएं। बहुविकल्पीय उत्तर संभावित। सभी उल्लिखित विकल्प को गोला (O) करें।]</p>	<table border="1"> <tr> <td>a</td> <td>Improve the coverage and quality of post abortion care services गर्भपात पश्चात् देखभाल सेवाओं की व्याप्ति तथा गुणवत्ता में सुधार करना</td> </tr> <tr> <td>b</td> <td>Publicize the health risk involved in unsafe abortion असुरक्षित गर्भपात में सम्मिलित स्वास्थ्य जोखिम का प्रचार करना</td> </tr> <tr> <td>c</td> <td>Improve access to safe induced abortion services सुरक्षित प्रेरित गर्भपात सेवाओं की उपलब्धता में सुधार</td> </tr> <tr> <td>d</td> <td>No opinion कोई राय नहीं</td> </tr> <tr> <td>x</td> <td>Other (specify): _____ अन्य (उल्लेख करें)</td> </tr> </table>	a	Improve the coverage and quality of post abortion care services गर्भपात पश्चात् देखभाल सेवाओं की व्याप्ति तथा गुणवत्ता में सुधार करना	b	Publicize the health risk involved in unsafe abortion असुरक्षित गर्भपात में सम्मिलित स्वास्थ्य जोखिम का प्रचार करना	c	Improve access to safe induced abortion services सुरक्षित प्रेरित गर्भपात सेवाओं की उपलब्धता में सुधार	d	No opinion कोई राय नहीं	x	Other (specify): _____ अन्य (उल्लेख करें)																		
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605	<p>Is this facility certified under the MTP Act? क्या यह सुविधा एमटीपी अधिनियम के अंतर्गत पंजीकृत है ?</p>	<p>1 2 98</p>	<p>Yes/हाँ No==&gt; [GO To Q.607] नहीं==&gt;[प्र.607 पर जाएं] Don't know==&gt; [GO To Q.607] पता नहीं==&gt;[प्र.607 पर जाएं]</p>								
606	<p>Since which year has this facility been certified? यह सुविधा किस वर्ष से अधिनियम के अंतर्गत पंजीकृत की गई है ?</p>	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>									<p>Year facility was certified वर्ष जब सुविधा पंजीकृत हुई थी</p>
607	<p>a. Does this facility have a log book with information on all the abortion and PAC cases in the past 3 months? क्या इस सुविधा में पिछले 3 महीनों के सभी गर्भपात तथा पीएसी मामलों की जानकारी वाली कोई लॉग बुक है ?</p> <p>b. Would it be possible to look at it to record information about the number of abortion and PAC cases? क्या गर्भपात तथा पीएसी मामलों की संख्या के बारे में जानकारी दर्ज करने के लिए इसे देखना संभव होगा ? [Interviewer: If responded allows access, record abortion and PAC cases for prior 3 months.] [साक्षात्कारकर्ता: यदि उत्तरदाता इन्हें देखने की अनुमति देता है तो पूर्व के 3 महीनों के लिए गर्भपात तथा पीएसी मामलों को दर्ज करें]</p>	<p>1 2  1 2</p>	<p>Yes/हाँ No/नहीं ==&gt; GO TO final thank you below Q609 अंतिम धन्यवाद देने के लिए Q609 के नीचे जाए</p> <p>Yes/हाँ No/नहीं ==&gt; GO TO final thank you below Q609 अंतिम धन्यवाद देने के लिए Q609 के नीचे जाए</p>								
<b>LOG BOOK/REGISTER/लॉग बुक/रजिस्टर</b>											
608-609	<p>[Interviewer: Record all abortion and PAC cases in past 3 months. Do not include current month.] [साक्षात्कारकर्ता: पिछले 3 महीनों के सभी गर्भपात तथा पीएसी मामले दर्ज करें । वर्तमान महीने को सम्मिलित न करें ]</p>										
		<p>Q608. # of Induced abortions/प्रेरित गर्भपातों की संख्या</p>	<p>Q609. # of PAC/ पीएसी की संख्या</p>								
a. Past month 1/ पिछले महीना 1	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					
b. Month 2/ महीना 2	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					
c. Month 3/ महीना 3	<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					<table border="1"> <tr><td> </td><td> </td><td> </td><td> </td></tr> </table>					

**FINAL THANK YOU TO RESPONDENT/ उत्तरदाता को अंतिम शुक्रिया**

**[Interviewer read]:** Thank you very much for your time. Your views are very important and will help make health services better for women. If you are interested in receiving the final publication based on this survey after it is completed, we will be happy to provide it to you.

**[साक्षात्कारकर्ता पढ़ें]:** आपका कीमती समय देने के लिए आपको बहुत-बहुत धन्यवाद । आपके विचार बहुत ही महत्वपूर्ण हैं और ये महिलाओं के लिए स्वास्थ्य सेवाओं को बेहतर बनाने के लिए सहायक सिद्ध होंगे । यदि आप इस सर्वेक्षण के पूर्ण होने के पश्चात् इस पर आधारित अंतिम प्रकाशन प्राप्त करने में रुचि रखते हैं तो हमें इसे आपको प्रदान करने में खुशी होगी ।

1 YES, agrees to be contacted to receive publication       2 NO, does not agree to be contacted

हाँ, प्रकाशन प्राप्त करने के लिए संपर्क किए जाने से सहमत हैं      नहीं, संपर्क किए जाने के लिए सहमत नहीं हैं

Interviewer observations: \_\_\_\_\_

साक्षात्कारकर्ता की टिप्पणी

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**END OF QUESTIONNAIRE/ प्रश्नावली की समाप्ति**

**INTERVIEW INSTRUCTIONS: MARK THE FOLLOWING BASED ON OBSERVATIONS. DO NOT ASK RESPONDENT.**

सर्वेक्षण अनुदेश: अवलोकन के आधार पर निम्नलिखित पर सही (✓) का निशान लगाएं । निम्नलिखित के बारे में उत्तरदाता से न पूछें ।

610	Does the facility have the following:  क्या सुविधा में निम्नलिखित हैं :	YES	NO	
		1	2	a. Waiting room/verandah space for the clients महिलाओं के लिए प्रतीक्षालय/बरामदा वाली जगह
1	2	b. Seating arrangements for clients ग्राहकों के लिए बैठने की व्यवस्था		
1	2	c. Sign displaying day and time of available services उपलब्ध सेवाओं का दिन तथा समय बताने वाला बोर्ड		
1	2	d. Family planning poster on wall दीवार पर परिवार नियोजन के पोस्टर		
1	2	e. Toilet facility for clients ग्राहकों के लिए शौचालय सुविधा		
1	2	f. Running water in the toilets शौचालयों में पानी उपलब्ध रहना		

HEALTH FACILITIES SURVEY PROCESS COMPLETION CHECKLIST								
स्वास्थ्य सुविधा सर्वेक्षण प्रक्रिया पूर्ण करने हेतु जांच सूची								
Please verify that each task below has been completed. If you are responsible for the task, add your name and code to the corresponding task and date when the activity was completed. कृपया जांच करें कि नीचे दिए गए प्रत्येक कार्य पूरे कर लिए गए हैं। यदि आप कार्य के लिए जिम्मेदार हैं तो जब गतिविधि पूर्ण हुई थी उसके अनुसार कार्य तथा तारीख के साथ अपना नाम तथा कोड को जोड़े।								
	At field level क्षेत्र स्तर पर				Office level कार्यालय स्तर पर			
Questionnaire checked for: निम्नलिखित के लिए प्रश्नावली का जांच की गई	Interviewer code/साक्षात्कर्ता कोड	Date/ तारीख	Supervisor code/ पर्यवेक्षक कोड	Date/ तारीख	Office editor code/ कार्यालय संपादक कोड	Date/ तारीख		
a. Questionnaire completeness checked प्रश्नावली की संपूर्णता की जांच की गई								
b. Clear handwriting checked स्पष्ट लिखावट की जांच की गई								
c. Appropriate response type checked उचित उत्तर के प्रकार की जांच की गई								
d. Skip patterns properly followed प्रश्नों को छोड़कर आगे जाने के का उचित ढंग से पालन किया गया								
I verify that all of this information is complete.								
Supervisor's Name: पर्यवेक्षक का नाम: _____			Supervisor's ID: पर्यवेक्षक की पहचान: _____					
			<table border="1" style="display: inline-table;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>					

TO BE COMPLETED BY DATA ENTRY STAFF					
आंकड़ा प्रविष्टि (डेटा इन्ट्री) स्टाफ द्वारा पूरा किया जाना है					
1. Questionnaire key punched (1st time)	Name/नाम	Data entry clerk code/ डेटा इन्ट्री क्लर्क कोड	Date/ तारीख Day/दिन Month/ महीना		Task complete?/ कार्यपूर्ण हुआ
प्रश्नावली पंच कर दी गई (पहली बार)					
2. Questionnaire key punched (2nd time)	Name/ नाम	Data entry clerk code/ डेटा इन्ट्री क्लर्क कोड	Date/ तारीख Day/दिन Month/ महीना		Task complete?/ कार्यपूर्ण हुआ
प्रश्नावली पंच कर दी गई (दूसरी बार)					
3. Hard copy of questionnaire securely stored by field agency	Name/ नाम	Interviewer Code/ साक्षात्कारकर्ता कोड	Date/ तारीख Day/दिन Month/ महीना		Task complete?/ कार्यपूर्ण हुआ
क्षेत्र एजेंसी द्वारा प्रश्नावली की हार्ड कॉपी सुरक्षित रूप से संभाल कर रख दी गई है					
4. Hard copy of questionnaire securely stored at IIPS	Name/ नाम	Supervisor code/ पर्यवेक्षक कोड	Date/ तारीख Day/दिन Month/ महीना		Task complete?/ कार्यपूर्ण हुआ
आइ आइ पी एस में प्रश्नावली की हार्ड कॉपी सुरक्षित रूप से संभाल कर रख दी गई है					

**[INTERVIEWER INSTRUCTIONS: Please fill the following table ONLY if the hospital has many doctors providing abortion and/or PAC services and no one can be found who is able to provide a combined count for all providers. In such situations, collect data on personal caseload directly from as many doctors as possible and fill in the table below. Please add lines to this table as needed.]**

	Induced Abortions provided in the <b>past month:</b>	PAC cases treated in the <b>past month:</b>
Provider 1 [RESPONDENT]		
Provider 2		
Provider 3		
Provider 4		
Provider 5		
Provider 6		
Provider 7		
Provider 8		
Provider 9		
Provider 10		
Provider 11		
Provider 12		
Provider 13		
Provider 14		
Provider 15		





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