Ministry of Medical Services (MOMS)    African Population and Health    Division of Reproductive Health (DRH),
                                        Research Center (APHRC)          Ministry of Public Health & Sanitation

# STUDY OF POST-ABORTION AND WOMEN'S HEALTH IN KENYA

## SURVEY OF HEALTH FACILITIES IN KENYA

**Kenya Medical Research Institute record number: 320**

## CONSENT

My name is_____. I am part of a team of researchers conducting a national study on post-abortion care in Kenya. The team comprise of researchers from the Ministry of Health (MoH) and African Population and Health Research Center (APHRC) among other partners.  We would like to ask for your cooperation in collecting information on **post-abortion care** in Kenya. This research will provide information about reproductive health care and contribute to the improvement of maternal health in Kenya and beyond.

Your health facility has been randomly selected to be part of this study. Your responses about care provided in your facility will be completely confidential and will be used for research purposes only. No personal reference will be made to your participation in this study. Your responses and those of other health providers in Kenya will be used to  describe the general picture of abortion care in Kenya. This interview will take 30-45 minutes of your time.

While we would like to note that your expertise and experience make your participation critical and your views valuable to us, we would also like to emphasize that your participation is absolutely voluntary.  You are therefore at liberty to terminate the interview at any time if you do not want to continue. Please also note that non-participation or withdrawal from the interview will not prejudice you in any way.

Do you agree to proceed with the interview?

AGREE……………………………….    ☐

DO NOT AGREE…………………….    ☐

Reason for refusal: _____

_____

Thank you

If you have any questions or complaints about the study; please call or write to one of the following people

1    Dr. Chimaraoke Izugbara, APHRC: Principal Investigator; Tel: 020-4001050; Email: cizugbara@aphrc.org

2    Dr. Bashir Mohammed, MoH: Co- Investigator, Tel: 0722318084; Email: dbashirim@yahoo.com

3    Dr. Simon Mueke, MoH: Co- Investigator, Tel: 020-717077; Email: simonmueke@gmail.com

## Health Facility Information

**K0**

**Attempts**

| | 1st | | 2nd | | 3rd | | 4th | | 5th | |
|---|---|---|---|---|---|---|---|---|---|---|
| | DD | MM | DD | MM | DD | MM | DD | MM | DD | MM |
| Date | | | | | | | | | | |
| Outcome | | | | | | | | | | |

**Outcome Reasons**

1= Achieved
2= Facility closed
3= Respondent not there
4= Respondent too busy to be interviewed
5= Respondent rescheduled
6= Unable to reach facility
7=Security concerns
8= Other _____

**K1** INTERVIEWER'S NAME: _____

**K2** INTERVIEWER'S CODE: ⬚⬚⬚⬚

**BACKGROUND**

**K3** TIME STARTED: ⬚⬚ hr ⬚⬚ min

**K4** DATE OF INTERVIEW: D D M M Y Y Y Y ⬚⬚⬚⬚⬚⬚⬚⬚

**K5** HEALTH FACILITY NAME: _____

**K6** HEALTH FACILITY CODE: ⬚⬚⬚⬚⬚

**K7** PHYSICAL ADDRESS: _____

**K8** PROVINCE: _____ ⬚

**K9** COUNTY: _____ ⬚⬚

**K10** DISTRICT: _____ ⬚⬚⬚

**K11** LEVEL OF HEALTH FACILITY AS PER THE MASTERLIST

| | | | | |
|---|---|---|---|---|
| LEVEL…………… | 2 | LEVEL…………… | 5 |
| LEVEL…………… | 3 | LEVEL…………… | 6 |
| LEVEL…………… | 4 | MSI/FHOK………… | 7 |

**K12** LEVEL OF HEALTH FACILITY AS PER THE RESPONDENT

| | | | | |
|---|---|---|---|---|
| LEVEL…………… | 2 | LEVEL…………… | 5 |
| LEVEL…………… | 3 | LEVEL…………… | 6 |
| LEVEL…………… | 4 | MSI/FHOK………… | 7 |

**K13** TYPE OF HEALTH FACILITY

| | | | |
|---|---|---|---|
| NATIONAL HOSPITAL………………. | 01 | MATERNITY HOSPITAL……………… | 06 |
| PROVINCIAL HOSPITAL……………. | 02 | HEALTH CENTRE…………………… | 07 |
| DISTRICT HOSPITAL………………. | 03 | CLINIC………………………………… | 08 |
| SUB-DISTRICT HOSPITAL…………. | 04 | DISPENSARY………………………… | 09 |
| NURSING HOME……………………. | 05 | OTHER (Specify) _____ | 96 |

| K14 | OWNERSHIP | Public…………………………………………………… | 01 |
| | | Private for-profit……………………………………………… | 02 |
| | | Faith-based organization/mission…………………………… | 03 |
| | | Non-governmental organization (NGO)………………………… | 04 |
| | | Community Based organization (CBO)…………………………… | 05 |
| | | Other (Specify)_____ | 96 |

| K15 | INTERVIEW OUTCOME: | Completed…………………………………………… | 01 |
| | | Refused………………………………………………… | 02 |
| | | Incomplete………………………………………………… | 03 |
| | | Heatlh facility not functional…………………………… | 04 |
| | | Other specify _____ | 06 |

## Module I: Background Information

| | Questions and Instructions | Responses, Codes and Filters |
|---|---|---|
| 101 | What is your profession at this facility?<br><br>**[Circle the category thst applies to respondent]**<br><br>DO NOT PROMPT | OB-GYN.………………………………………**01**<br>Medical Officer/GP.…………………………**02**<br>Clinical Officer.…………………………… **03**<br>Trained Midwife.…………………………….**04**<br>Nurse.……………………………………….**05**<br>Nurse Aide.………………………………… **06**<br>Other (Specify) _____ **96** |
| 102 | Respondent's sex | Male.…………………………………………  **1**<br>Female.……………………………………….  **2** |
| 103 | How old are you? | ☐☐ years |
| 104 | What is your highest professional/academic qualification you have completed? | College (middle level).…………………………  **1**<br>Degree.……………………………………….  **2**<br>Post graduate.………………………………….  **3**<br>Other (Specify) _____  **6** |
| 105 | Whats your main responsibility at this facility? | Facility administrator.…………………………….  **1**<br>Facility in-charge.………………………………..  **2**<br>Unit in-charge.…………………………_____  **3**<br>Health care provider (non-administrative)………  **4**<br>Other (Specify)_____  **6** |
| 106 | How many years have you worked in your current primary position?<br>**[If less than 1 year, fill 00]** | ☐☐ Years |
| 107 | Which units does this facility have?<br><br>**[Read out all categories. Multiple responses are allowed]** | Outpatient (ambulatory).……………………… A<br>Inpatient unit.……………………………………B<br>Operating room/theater.………………………C<br>Evacuation room.……………………………… D<br>Gynaecological Ward.………………………… E<br>Labor Ward.……………………………………. F<br>Maternity Ward.……………………………….. G<br>MCH unit.……………………………………… H<br>FP unit.…………………………………………. I<br>Intensive care unit (ICU).……………………… J<br>Emergency ward.……………………………… K<br>Laboratory.……………………………………. L<br>Pharmacy.……………………………………. M<br>Other (specify) _____ X<br>_____ |

| | | |
|---|---|---|
| 108 | Which of the following services does this facility provide?<br><br>**[Read out all categories. Multiple responses]**<br><br>**If facility does not provide PAC, END interview** | Specialized (OB-GYN)…………………………A<br>Maternity and delivery………………………… B<br>Post abortion care/ counseling……………… C<br>Post-abortion contraceptive counselling…… E<br>None of the above…………………………… Y |
| 109 | How many people in this facility are trained to provide PAC services? | ☐☐ Staff    **[If 00 skip to Module 2]** |
| 110 | How often is a staff member trained in PAC available to attend to PAC patients? | Rarely……………………… **1**<br>Sometimes………………… **2**<br>Almost Always…………… **3**<br>Always……………………. **4** |

## Module II: Postabortion Care

Now, I would like to ask you some questions regarding **medical care for abortion patients treated at this facility, irrespective of whether the abortion was spontaneous or induced.** I will also ask about **the number of patients that are treated for such abortion complications at this facility.** By abortion complications, we are referring to those complications that are severe enough to **need treatment** in a health facility. Abortion complications, as defined here, include not only the **extremely serious cases** such as those with sepsis or a perforated uterus, but also those cases which are termed "incomplete abortions," which are usually identified by heavy bleeding, and which present a somewhat **less severe** health risk to the woman, but which, nevertheless, need treatment at a health facility. In answering the following set of questions concerning abortion complications, please keep this definition in mind.

**[Note that the abortion complication questions relate to both spontaneous and induced abortions. You should reiterate this as often as possible while completing this section.]**

| | | |
|---|---|---|
| 201 | On average, about how many deliveries take place at your facility each month?<br><br>**[If respondent can't answer for the total number in the year 2011]** | **1** Deliveries per month ☐☐☐☐☐<br>**OR**<br>**2** Total number of deliveries during the **2011** calendar year ☐☐☐☐☐ |
| 202 | In which sections of this health facility are post-abortion patients treated?<br><br>**[Read out the list of wards and circle all that apply ]** | Outpatient ward/Recovery room……………… **A**<br>Operating Room………………………………. **B**<br>Evacuation Room……………………………… **C**<br>Gyneacological ward…………………………… **D**<br>Labor Ward……………………………………… **E**<br>Maternity ward………………………………… **F**<br>General female ward…………………………… **G**<br>Intensive care unit (ICU)……………………… **H**<br>Emergency ward……………………………… **I**<br>Operating Room………………………………. **J**<br>Other (specify) _____ **X** |
| 203 | In this facility, are **post-abortion care patients** treated as **outpatients** (they don't spend the night in the facility), **inpatients** (they spend at least one night in the facility) ?<br><br>**[Probe to make sure you are capturing all that apply]** | Outpatient……..………….. A<br>Inpatient…………..………. B |
| 204 | During **a typical** month, about how many such **post-abortion** care **patients** would you estimate are treated as outpatients at this facility as a whole? Please remember to include all **post-abortion care patients** whether they are due to spontaneous or induced abortions.<br><br>**[probe to elicit a response for a typical month; if respondent is not able to provide you with that estimate, then probe for the number of outpatients in a typical year. Specify that this is a full calendar year (i.e. from January to December). Please reiterate to the respondent that the number is both spontaneous and induced abortion patients and should take into consideration all wards of the facility. If a range is given, probe further for an average number]** | **1** Number of outpatients in a **typical** month<br>☐☐☐☐☐<br>**OR**<br>**2** Number of outpatients in a **typical** year<br>☐☐☐☐☐ |

| 205 | In the **past** month, about how many **post-abortion care** patients were treated as **outpatients** in this facility as a whole (please remember to include all **post-abortion care patients**, whether they are due to spontaneous or induced abortions)<br><br>**[ Probe to elicit a  response for the past month; if respondent is not able to provide you with that estimate then probe for the number of outpatients during the year 2011. Specify that this is a full calendar year (i.e. from Jan to Dec). Please reiterate to the respondent that the number should take into consideration all wards of the facility.**<br>**If  a range is given, probe further for an average number]** | **1** Number of **outpatients** in the **past** month<br>☐☐☐☐☐<br><br>**OR**<br><br>**2** Number of **outpatients** in the **past year 2011**<br>☐☐☐☐☐ |
|---|---|---|

[IF **Q203** INDICATES THAT INPATIENT **SERVICES ARE PROVIDED**, THEN ANSWER **Q206-207** IF NOT, **GO TO Q208**]

| 206 | During **a typical** month, about how many such **post-abortion care patients** would you estimate are treated as **inpatients** at this facility as a whole? Please remember to include all **post-abortion care patients** whether they are due to spontaneous or induced abortions<br><br>**[Please probe to elicit a response for a typical month; if respondent is not able to provide you with that estimate then probe for the number of inpatient on typical year. Specify that this is a full calendar year (from Jan to Dec).**<br>**Please reiterate to the respondent that the number is for spontaneous and induced abortion patients, and should in to consideration all wards of the facility.**<br>**If  a range is given, probe further for an average number]** | **1** Number of **inpatients** in an a **typical** month<br>☐☐☐☐☐<br><br>**OR**<br><br>**2** Number of **inpatients** in a **typical** year.<br>☐☐☐☐☐ |
|---|---|---|
| 207 | In the **past** month, about how many **post-abortion care patients** were treated as **inpatients** in this facility as a whole? Please remember to include all **post-abortion patients**, whether  they are  due to spontaneous or induced abortions<br><br>**[Interviewer: Please probe to elicit a response for the past month; if respondent is not able to provide you with that estimate, then probe for the number of inpatients during the year 2011. Please reiterate to the respondents that the number should take consideration all wards of the facility. If  a range is given, probe further for an average number]** | **1** Number of **inpatients** in the **past** month<br>☐☐☐☐☐<br><br>**OR**<br><br>**2** Number of **inpatients** in the **past** year (**2011**)<br>☐☐☐☐☐ |
| 208 | During **a typical** month, about how many **post-abortion care patients** would you estimate are **referred** from this facility as a whole?  Please remember to include all **post-abortion care patients**, whether they are due to spontaneous or induced abortion.<br><br>**[Probe to elicit a response for a typical month; if respondent is not able to provide you with that estimate, then probe for the number of referrals in a typical year. Specify that this is a full calendar year (Jan-Dec). Please reiterate to the respondent  that the number is for spontaneous and  induced abortion patients, and should take into consideration all wards of the facility.  If  a range is given,  probe further for an average number]** | **1** Number of **referrals** in an **typical** month<br>☐☐☐☐☐<br><br>**OR**<br><br>**2** Number of **referrals** in a **typical** year (**2011**)<br><br>☐☐☐☐☐ |

| 209 | In the **past** month, about how many **post-abortion care patients were referred** from this facility as a whole? Please remember to include all **post-abortion care patients**, whether they are due to complications of spontaneous or induced abortions.<br><br>**[Please probe to elicit a response for the past month; if respondent is not able to provide you with that estimate, then probe for the number of referral during the year 2011. Please reiterate to the respondent that the number should take into consideration all wards of the facility. If a range is given, probe further for an average number]** | **1** Number of **referrals** in the **past** month<br>□ □ □ □ □<br><br>**OR**<br><br>**2** Number of **referrals** in the **past** year **(2011)**<br>□ □ □ □ □<br><br>**[IF Q208 AND Q209 BOTH EQUAL 0, SKIP TO 211]** |
|---|---|---|
| 210 | When a PAC case comes in and you determine it's too severe for you to handle, what services do you give before you refer them on?<br>**[Circle all that apply. Do not prompt]** | Stop the bleeding……………………**A**<br>Provide antibiotics……………………**B**<br>Provide pain killers……………………**C**<br>Provide IV fluids for dehydration……**D**<br>Provide counselling…………………**E**<br>We do not refer patients……………**F**<br>None of the above……………………**Y**<br>Other (Specify) _____ **X** |
| 211 | How many post-abortion care patient referrals do you **RECEIVE** from other facilities in a typical month? | **1** Number of **referrals received in typical** month<br>□ □ □ □ □<br><br>**OR**<br><br>**2** Number of typical **referrals received** in the year 2011<br>□ □ □ □ □ |
| 212 | **[Refer to the previous figures and fill in below before asking the respondent about the patient totals]**<br><br>So to confirm what you have just told me, in a **typical month** (or year), your facility treated<br><br>□ □ □ □ Outpatients<br>□ □ □ □ Inpatients<br><br>for abortion complications?<br><br>**[Please read out the total number of spontaneous and induced abortion patients seen at this facility in a typical month (Q204 and Q206)**<br><br>Is this number correct?<br>**[If correct, please insert again at right; if not then correct Q 204 and Q 206 and insert at right.]** | Summary per **month**<br><br>Outpatients……………**1** □ □ □ □<br>Inpatients:………..……**2** □ □ □ □<br>Total …………………**3** □ □ □ □<br><br>OR<br><br>Summary per **year**<br><br>Outpatients……………**1** □ □ □ □<br>Inpatients:………..……**2** □ □ □ □<br>Total …………………**3** □ □ □ □ |

| | |
|---|---|
| **[Refer to the previous figures and fill in below before asking the respondent about the patient totals].**<br><br>213 So to confirm what you have just told me, in the **past month** (or **during the year** 2011) your facility treated:<br><br>⬚⬚⬚⬚ Outpatients<br>⬚⬚⬚⬚ Inpatients<br><br>for post-abortions complications?<br><br>**[Read out the total number of spontaneous and induced abortion patients seen at this facility in the past month (Q 205 and Q 207)].**<br><br>    Is this number correct?<br>**[ If correct, please insert again at right; if not then correct Q 205 and Q 207 and insert at right.]** | Summary in the **past month**<br>Outpatients…………..**1** ⬚⬚⬚⬚<br>Inpatients:……...……..**2** ⬚⬚⬚⬚<br>Total …………………..**3** ⬚⬚⬚⬚<br><br><br>                            **OR**<br><br><br>Summary in the **past year (2011)**<br><br>Outpatients…………..**1** ⬚⬚⬚⬚<br>Inpatients:……...……..**2** ⬚⬚⬚⬚<br>Total …………………..**3** ⬚⬚⬚⬚ |
| 214 What are the various procedures and measures used to treat abortion-complication patients at this facility?<br><br>**[Circle all applicable responses. Do not prompt respondent but probe to make sure you've captured all procedure types.]**<br>**Ask is there any other procedure?** | D & E (dilation and evacuation)……………… **A**<br>D & C (dilation and curettage)………………… **B**<br>MVA (manual vacuum aspiration)…………… **C**<br>EVA (electric vacuum aspiration)…………… **D**<br>Medical abortion (e.g. Cytotec/misoprostol)… **E**<br>None………………………………………….. **F**<br>Other (*specify*) _____ **X** |
| 215 Of these procedures, which is the most commonly used for treating patients with abortion complication at this facility?<br><br>**[Mark only one answer]** | D & E (dilation and evacuation)……………… **01**<br>D & C (dilation and curettage)………………… **02**<br>MVA (manual vacuum aspiration)…………… **03**<br>EVA (electric vacuum aspiration)…………… **04**<br>Medical abortion (e.g. Cytotec/misoprostol)… **05**<br>Other (specify) _____ **96**<br>Not applicable…………………………………. **99** |

## Module III: Postabortion Counseling

| | | |
|---|---|---|
| 301 | To whom does this facility offer post-abortion contraceptive counseling?<br><br>**[Circle all that apply. PROMPT]**<br><br>1= Never/Rarely<br>2= Sometimes<br>3= Always<br>9= Not Applicable | <table><tr><td></td><td></td><td>N/R</td><td>S</td><td>A</td><td>N/A</td></tr><tr><td>A</td><td>Everyone………………………..</td><td>1</td><td>2</td><td>3</td><td>9</td></tr><tr><td>B</td><td>Those who have many children.</td><td>1</td><td>2</td><td>3</td><td>9</td></tr><tr><td>C</td><td>Those who are married…………</td><td>1</td><td>2</td><td>3</td><td>9</td></tr><tr><td>D</td><td>Those who are of an older age..</td><td>1</td><td>2</td><td>3</td><td>9</td></tr><tr><td>X</td><td>Other (specify) _____<br>_____</td><td>1</td><td>2</td><td>3</td><td>9</td></tr></table><br>**[IF ALWAYS TO EVERYONE, SKIP TO Q303]** |
| 302 | For those patients to whom you don't offer post-abortion contraceptive counseling (i.e. rarely or sometimes), what are the reasons? | _____<br>_____<br>_____<br>_____<br>_____ |
| 303 | Do you think women treated for abortion complications **should** be given contraceptive counseling while still in the health facility? | Yes……………………… **1** → **[Go to 305]**<br><br>No……………………… **2**<br><br>Sometimes……………. **3** → **[Go to 305]**<br><br>Don't know/No opinion. **4** → **[Go to 305]** |
| 304 | Why do you think women treated for abortion complications should NOT receive family planning/contraceptive counseling? | _____<br>_____<br>_____<br>_____ |
| 305 | What topics **do you generally** cover in contraceptive counseling for post-abortion care patients?<br><br>**[Multiple responses allowed. Do not prompt]** | Instructions on correct use of all methods……………… **A**<br>Instructions on available methods……………………….. **B**<br>Instructions on traditional methods only………………… **C**<br>Advantages & disadvantages of each……………………**D**<br>What to do in cases of method failure or forgetting pills..**E**<br>Abstinenance……………………………………………….. **F**<br>Other information you think should be included………… **X**<br>  (specify)_____ |
| 306 | What topics should be covered in the counseling on contraception for post-abortion patients?<br><br>**[Multiple responses allowed. Do not prompt]** | Instructions on correct use of all methods……………… **A**<br>Instructions on available methods……………………….. **B**<br>Instructions on traditional methods only………………… **C**<br>Advantages & disadvantages of each……………………**D**<br>What to do in cases of method failure or forgetting pills..**E**<br>Abstinence………………………………………………….. **F**<br>Other information you think should be included………… **X**<br>  (specify)_____ |
| 307 | How do you involve men in contraceptive selection? | _____<br>_____<br>_____<br>_____ |

| 308 | Do you offer contraceptive methods on the premises of this facility? | Yes………………1<br>No…………………2 **[Go to Module 4]** |
|---|---|---|
| 309 | Which methods does your facility **commonly** offer to post-abortion care patients?<br><br>**[Do not prompt. Multiple responses allowed]** | Pills……………………………………………… A<br>Injectables………………………………………… B<br>Implants…………………………………………… C<br>Female sterilization……………………………… D<br>Patch………………………………………………… E<br>IUD………………………………………………… F<br>Rhythm (Periodic Abstinence) ………………… G<br>Condoms…………………………………………… H<br>Vasectomy………………………………………… I<br>Emergency contraception……………………… J<br>Withdrawal………………………………………… K<br>Other (specify) _____ X<br>_____ |
| | **[If provider selected all contraceptive methods in Q. 309, skip to Module 4]** | |
| 310 | Why do you offer these methods and not others?<br><br><br><br>**[Do not read list. Multiple responses are allowed]** | Those are the ones we have in stock………… A<br>Provider preferences based on training……… B<br>Provider experience of what has worked well<br>for other women……………………………….. C<br>Provider preferences based on woman's<br>charcteristics…………………………………… D<br>Client preferences……………………………… E<br>Not familiar enough with other methods……… F<br>Religious reasons……………………………… G<br>Funder's restriction……………………………… H<br>Other (specify): _____ X |

## Module IV: General

Now we would like ask you some general questions about your opinion about the Kenyan abortion law, your opinion on barriers to the provision of PAC, as well as how services can be improved.

| | | |
|---|---|---|
| 401 | Do abortion complications form a significant portion of the cases that are seen/ treated in this facility? | Yes………………… **1**<br>No………………… **2 [Go to 403]** |

| | | |
|---|---|---|
| 402 | How do you consider the treatment of abortion complications to be a burden for your facility?<br>**[ Circle all that apply. DO NOT Prompt]** | Number of patients……………………………………… **A**<br>Equipment…………………………………………………… **B**<br>Supplies……………………………………………………… **C**<br>Space/ Infrastructure…………………………………… **D**<br>Human resources/ Qualified personnel…………… **E**<br>Client's inability to pay………………………………… **F**<br>No burden…………………………………………………….. **G**<br>Other (Specify)_____ **X** |

403. Up until now we have been talking of both induced and spontaneous abortions together. Now, I'd like you to think specifically on the causes of 2nd trimester spontaneous abortions only. What are the causes of 2nd trimester spontaneous abortions among women who seek care in this facility? [**Do not Prompt**] Out of 100 2nd trimester spontaneous abortion cases that present in this facility, how many spontaneous abortions would you say are due to the causes you have mentioned in the 2$^{nd}$ trimester?

| | TICK | % |
|---|---|---|
| Malnutrition………………….......……… | | |
| HIV……………….…………….…………… | | |
| Malaria………………..……………… | | |
| Congenital malformation…………… | | |
| Maternal complications…….…...…… | | |
| Domestic Violence…………........…… | | |
| Sexually transmitted infections (excluding HIV)…………………… | | |
| Urinary tract infections………... | | |
| Trauma/heavy work…………… | | |
| Does not see spontaneous abortions/Don't know…………… | | |
| Other (Specify)_____ _____ | | |
| Total ……………………………… | | 100% |

| | | |
|---|---|---|
| 404 | In your opinion, how could treatment for abortion complications be improved at this facility? | _____<br>_____<br>_____<br>_____<br>_____<br>_____ |

| | | |
|---|---|---|
| 405 | Currently, the law only permits abortion to protect the life and health of the woman.<br><br>**Do you think** the abortion law in Kenya should be changed? | Yes………………….……… **1**<br>No………………………….… **2** [Instructions preceeding **Q407**]<br>Don't know /No opinion……… **3** |

| | | |
|---|---|---|
| 406 | What changes do you want to see in the law?<br><br><br>**Prompt: Multiple responses allowed** | **Abortion should be provided:**<br><br>On demand (if the woman requests for it)…………………**A**<br>If the woman's health is at risk……………………………**B**<br>If the girl is still in school……………………………………**C**<br>Unmarried girl/woman ………….……………...…………….**D**<br>If the girl/woman cannot care for the child………………**E**<br>If the mother is HIV+……………………………………………**F**<br>Pregnancies after incest………………………………………**G**<br>Pregnancies after rape…………………………………………**H**<br>Contraceptive failure………………………………………….**I**<br>Abortion should not ever be provided………………………**J**<br>Other (Specify)_____**X**<br>_____ |

| 407 | Do you think the Health Management Information System (HMIS) at this facility under counts post-abortion care cases? | Yes………………………… 1 <br> No……………………………… 2 |

END TIME: ☐☐ hr ☐☐ min

**INTERVIEWER'S COMMENTS**_____

_____

_____

_____

_____

_____

**ASK TO TALK TO THE HMIS OFFICER. REQUEST TO GET THESE RECORDS FOR THE YEAR 2011**

| | JAN | FEB | MAR | APR | MAY | JUN | JUL | AUG | SEP | OCT | NOV | DEC |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| **NO. OF POST ABOTION CARE** | | | | | | | | | | | | |

**If can't access HMIS record, explain why?** _____

_____

_____