

____|____

Investigation of Abortion Care
“Survey of Health Facilities in Ethiopia”

Name of facility: _____

Region: _____ **Zone:** _____

Wereda: _____

Location: 1. Urban 2. Rural

Type of establishment:

- | | |
|--|---|
| 1. Referral/teaching hospital <input type="checkbox"/> | 5. MCH center <input type="checkbox"/> |
| 2. Regional hospital <input type="checkbox"/> | 6. Higher clinic <input type="checkbox"/> |
| 3. Zonal hospital <input type="checkbox"/> | 7. Clinic <input type="checkbox"/> |
| 4. District hospital <input type="checkbox"/> | 8. Private hospital |
| 5. Health center <input type="checkbox"/> | 9. Other _____ |

Ownership:

1. Ministry of Health (MOH)
2. Other Governmental Organization's (OGO)
3. Non Governmental Organization's (NGO)
4. Private

Interviewer's name: _____

Date of interview: ____|____ : ____|____ : ____|____|____|____ (E.C.)
Month Day Year

Time started: __|__|__|__ **Time ended:** __|__|__|__

Investigation of Abortion Care
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Introduction:

My name is _____ working with regional health buruea. The Ministry of Health in conjunction with Ipas Ethiopia, the Ethiopian Society of Obstetricians and Gynaecologist (ESOG), and the Alan Guttmacher Institute, a USA research organization is conducting a national study to assess abortion care. We would like to ask for your cooperation in getting a better picture of the situation in Ethiopia. This research will provide information about the reproductive health care system in Ethiopia, which will contribute to the improvement of women’s health.

Your responses in this study will be completely confidential and will be used for research purposes only. No personal reference will be made to your participation in this survey of health-care establishments. We will combine your responses with those of other health-care establishments to give a general picture of the practice of abortion care in Ethiopia.

To benefit from your extensive experience, may I request that you kindly provide your best estimates to these questions? I assure you that all of your answers will be kept completely confidential. Do I have your permission to proceed with the interview? Thank you.

If you have any questions about the study, please call Dr. Solomon Tesfaye at 011-6-633379 or contact him by fax at 011-6-626310.

Module I: Basic Information

S.No	Questions and Filters	Responses
101	<p><i>Person being interviewed</i></p> <p>[Interviewer: tick the category that applies to the respondent.]</p>	1. OB-GYN doctor <input type="checkbox"/> 2. General practitioner <input type="checkbox"/> 3. Health officer <input type="checkbox"/> 4. Midwife <input type="checkbox"/> 5. Other Nurses <input type="checkbox"/> 6. Other (Specify) _____
102	<p><i>Sex of respondent</i></p> <p>[Interviewer: tick the category that applies to the respondent.]</p>	1. Male <input type="checkbox"/> 2. Female <input type="checkbox"/>
103	How old are you?	__ __ Years
104	What is the highest academic qualification that you have?	Qualification: _____
105	How many years have you worked as a health care provider?	__ __ Years
106	<p>Which types of services does your facility provide?</p> <p>[Interviewer: Please read out all relevant categories. Multiple responses are allowed.]</p>	1. Specialized (OB-GYN) <input type="checkbox"/> 2. Maternity and delivery <input type="checkbox"/> 3. Treatment for incomplete abortion (postabortion care) <input type="checkbox"/> 4. Elective abortion for first trimester pregnancies <input type="checkbox"/> 5. Elective abortion for second trimester pregnancies <input type="checkbox"/> 6. None of the list above <input type="checkbox"/>
107	<p>Which units does your facility have?</p> <p>[Interviewer: Please read out all relevant categories. Multiple responses are allowed.]</p>	1. Operating room <input type="checkbox"/> 2. Outpatient department (OPD) <input type="checkbox"/> 3. In-patient services <input type="checkbox"/> 4. Separate evacuation room <input type="checkbox"/> 5. Maternity ward <input type="checkbox"/> 6. Drugstore <input type="checkbox"/> 7. Laboratory <input type="checkbox"/>
108	Does this facility currently possess functional MVA instruments?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
109	Is anyone in this facility trained to use MVA?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>

Module II: Abortion Care

Now, I would like to ask you some questions regarding medical care for patients treated at this facility with abortion complications, irrespective of whether the abortion was spontaneous or induced. In addition, I would also like to know the number of patients treated for such complications at your facility. By abortion complications, we are referring to those consequences 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 medical attention and care. In answering the following set of questions concerning abortion complications, please keep this definition in mind.

[Interviewer: Please 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	Does this facility treat women with abortion complications (postabortion care)?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> [If NO GOTO Q.212]
202	In which wards of this health facility are postabortion patients treated? [Interviewer: Please read out the list of wards and tick all that apply.]	1. General ward <input type="checkbox"/> 2. Maternity ward <input type="checkbox"/> 3. Gynaecological ward <input type="checkbox"/> 4. MVA procedure room <input type="checkbox"/> 5. Intensive care unit (ICU) <input type="checkbox"/> 6. Out-patient department <input type="checkbox"/> 7. Emergency ward <input type="checkbox"/> 8. Other ward (<i>specify</i>): _____
203	In your facility, how are postabortion patients treated? That is, are they treated as out-patients only, or as in-patients only, or both?	1. Both (as outpatient and inpatient) <input type="checkbox"/> 2. Out-patients only (less than 24 hrs) <input type="checkbox"/> 3. In-patient only (longer than 24hr) <input type="checkbox"/> [Go to Q 206]
204	In the average month, how many postabortion patients would you estimate are treated as out-patient in this facility as a whole? [Interviewer: Please probe to elicit a response for an average month; if respondent is not able to provide you with that estimate, then probe for the number in an average year. Specify that this is a full calendar year (i.e. Meskerem to Nehasse). Please reiterate to the respondent that the number is his/her best estimate, is for spontaneous <i>and</i> unsafely induced abortion patients, and should take into consideration all wards of the facility.]	a. Out-patient in the average month _ _ _ _ <div style="text-align: center;">OR</div> b. Out-patient in the average year _ _ _ _ _

205	<p>During past month, how many postabortion patients would you estimate are treated as out-patient in this facility as a whole?</p> <p>[Interviewer: Please probe to elicit a response for past month; if respondent is not able to provide you with that estimate, then probe for the number in past year. Specify that this is a full calendar year (i.e. Meskerem to Nehasse). Please reiterate to the respondent that the number is his/her best estimate, is for spontaneous and unsafely induced abortion patients, and should take into consideration all wards of the facility.]</p>	<p>a. Out-patient in the past month _ _ _</p> <p style="text-align: center;">OR</p> <p>b. Out-patient in the past year _ _ _</p>
[Interviewer: See Q 203. If the Health facility provides ONLY out-patient services Go to Q 208.]		
206	<p>In the average month, how many postabortion patients would you estimate are treated as in-patients at this facility as a whole? Please remember to include all abortion patients, whether they are due to spontaneous or unsafely induced abortions.</p> <p>[Interviewer: Please probe to elicit a response for an average month; if respondent is not able to provide you with that estimate, then probe for the number of in-patients in an average year. Specify that this is a full calendar year (i.e. Meskerem to Nehasse). Please reiterate to the respondent that the number is his/her best estimate and is for spontaneous and induced abortion patients.]</p>	<p>a. In-patients in the average month _ _ _</p> <p style="text-align: center;">OR</p> <p>b. In-patients in the average year _ _ _</p>
207	<p>During the past month, about how many such postabortion patients would you say were treated as in-patients at this facility as a whole? Please remember to include all abortion patients, whether they are due to spontaneous or induced abortions.</p> <p>[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 number of in-patients in the past year. Specify that this is a full calendar year (i.e. Meskerem to Nehasse). Please reiterate to the respondent that the number is his/her best estimate and is for spontaneous and induced abortion patients]</p>	<p>a. In-patients in the past month _ _ _</p> <p style="text-align: center;">OR</p> <p>b. In-patients in the past year _ _ _</p>
208	<p>Just to confirm, from what you have just told me, in an average month (or average year) your facility treats _____ out patients and _____ in-patients for abortion complications.</p> <p>[Interviewer: Please read out the total number of spontaneous and induced abortion patients seen at this facility as out patients (Q 204) and as in-patients (Q 206) in an average month.]</p>	<p>Summary in an average month</p> <p>a. Out- patients: _ _ _</p> <p>b. In-patients: _ _ _</p> <p>c. Total: _ _ _</p> <p style="text-align: center;">OR</p>

Now I will ask you some general questions. We understand that your answers will be only estimates but we would appreciate if you could think about this and provide us with your best estimates, based on your experience in this area.

213

Think about **poor women**: out of ten poor women who have an abortion performed by each type of provider that I will mention, how many would experience a medical complication that should receive medical treatment?

What would the number be for **non-poor women**?

[Interviewer: Ask for each type of provider separately; insert a number in each column, even though it might be "0."]

Status of women	Doctor*	Health officer	Nurse/ midwife	Pharmacist/ dispenser/drugstore	TBA/CHA/BRHA/lay practitioner	Woman herself
a. Poor Number out of 10 women with medical complications						
b. Non-Poor Number out of 10 women with medical complications						

* includes gynecologist and general practitioner

214

Think about **poor women**: Out of 10 **poor women** who experience a **medical complication** due to an induced abortion, how many do you think would be treated by a trained person in a health facility?

What would the number be for **non-poor women**?

Number out of 10 treated in health facility

a. Poor..... _|_

b. Non-poor _|_

Module III: Post-Abortion Counselling

301	Do you think that women treated for abortion complications should be given family-planning counselling while still in the health facility?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> 3. Don't know/ no opinion <input type="checkbox"/>
302	Do you offer contraceptive counselling services to all, some, or no abortion patients at this facility?	1. All <input type="checkbox"/> 2. Some <input type="checkbox"/> 3. None <input type="checkbox"/>

303	Do you offer contraceptive methods on the premises of this facility?	1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/>
304	<p>Which methods do you commonly offer to post-abortion cases?</p> <p>[Interviewer: Do not prompt. Multiple responses are allowed]</p>	<p>1. Pills <input type="checkbox"/></p> <p>2. Injectables <input type="checkbox"/></p> <p>3. Implants <input type="checkbox"/></p> <p>4. Female sterilization <input type="checkbox"/></p> <p>5. IUD <input type="checkbox"/></p> <p>6. Male Condom <input type="checkbox"/></p> <p>7. Female condom <input type="checkbox"/></p> <p>8. Other (<i>specify</i>): _____</p>

Module IV: Performance of signal functions of abortion care/EmOC

Note to provider: The following questions (a to n) are related to the functions that might have been performed during the last three month in this facility. Determine the three months and then ask the respondent if the services were performed and check “yes’ or ‘no’ depending on the response of the respondent.

Three -month period under review: _____ through _____.

Were the following services performed at least once during the last 3 months:	Yes	No	If services available, during what hours?	If services not performed in last 3 months, why not?	If not performed in last three months, were services performed in <u>last 12 months</u> ? If not why not?
a. administer parental antibiotics for obs-gyn patient			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
b. administer intravenous fluids for ob-gyn patient			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
c. administer uterotonics (Oxytocins, ergometrine)			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
d. removal of retained products for uterine size ≤ 12 weeks			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
e. provision of postabortion contraceptive methods			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
f. performance of induced abortion for uterine size ≤ 12 weeks *			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
g. removal of retained products for uterine size > 12 weeks			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?

Were the following services performed at least once during the last 3 months:	Yes	No	If services available, during what hours?	If services not performed in last 3 months, why not?	If not performed in last three months, were services performed in <u>last 12 months</u> ? If not why not?
h. perform blood transfusion			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
j. perform laparotomy			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
k. performance of induced abortion for uterine size > 12 weeks			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
l. administer parenteral sedatives/anticonvulsants			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
m. perform manual removal of placenta			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?
n. perform assisted vaginal delivery (vacuum, forceps)			<input type="checkbox"/> 24 hrs/day, 7 days/week <input type="checkbox"/> outpatient hours <input type="checkbox"/> variable	<input type="checkbox"/> No trained staff <input type="checkbox"/> No supplies/equipment <input type="checkbox"/> Not authorized <input type="checkbox"/> No case requiring this	<input type="checkbox"/> Yes <input type="checkbox"/> No If not why not?

One Year period under review: _____ through _____.

This form should be completed for each site for as many of the data points for which adequate and sufficient information are available.

Data required	Mo. 1	Mo. 2	Mo. 3	Mo. 4	Mo. 5	Mo. 6	Mo. 7	Mo. 8	Mo. 9	Mo. 10	Mo. 11	Mo. 12	12 mo. TOTALS
# women treated for <u>obstetric complications</u>													
# women treated for <u>moderate abortion complications*</u>													
# women treated for <u>serious abortion complications**</u>													
# of induced abortions													
# of uterine evacs. By method used: +													
MVA (≤ 12 weeks uterine size)													
MVA (13-15 wks uterine size) ++													
Medication abortion													
E & C (≤ 12 weeks uterine size)													
E & C (> 12 weeks uterine size)													
Dilatation and curettage													
Oxytocin (> 12 weeks uterine size)													
# of abortion cases discharged with contraception													
Number of total deliveries													
Number of caesarean sections													
Number of direct obstetric deaths													
Number of death due to abortion													