

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
2	Mean abortion hardship score (summary measure of the total number of hardships experienced in seeking abortion services)	(1) Abortion access & availability	Financial access	Sum of total number of hardships reported	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64.
3	Mean amount paid for TOP services	(1) Abortion access & availability	Financial access	Total amount paid for TOP services	Total number of abortions provided	Abortion provider census, client exit interviews	no	no	yes	no	yes	no	no	(1) JONES, R. K., INGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Women's Health Issues</i> , 28, 212-216.
4	Mean/median price charged for TOP services	(1) Abortion access & availability	Financial access	Mean/median price charged for TOP services	among total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97. (2) JONES, R. K., ZOLNA, M. R., HENSHAW, S. K. & FINER, L. B. 2008. Abortion in the United States: incidence and access to services, 2005. <i>Perspect Sex Reprod Health</i> , 40, 6-16.
5	Proportion of abortion clients with health insurance coverage	(1) Abortion access & availability	Financial access	Number of abortion clients with insurance coverage	Total number of abortion clients	Web survey of MA users; health facility records	yes	no	no	no	no	no	yes	(1) CAVET, S., FIALA, C., SSEMAMA, A. & PARTOUCHE, H. 2017. Assessment of pain during medical abortion with home use of mifepristone. <i>Eur J Contracept Reprod Health Care</i> , 22, 207-211. (2) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
6	Proportion of counties with no abortion providers	(1) Abortion access & availability	Financial access	Number of counties that have no abortion provider	Total number of counties	Health facility census & health provider questionnaire	no	no	no	yes	yes	no	no	(1) JONES, R. K., ZOLNA, M. R., HENSHAW, S. K. & FINER, L. B. 2008. Abortion in the United States: incidence and access to services, 2005. <i>Perspect Sex Reprod Health</i> , 40, 6-16.
7	Proportion of health providers who believed that their patients face lack of insurance/financial barriers to receiving late TOP	(1) Abortion access & availability	Financial access	Number of health providers who believed that their patients face lack of insurance/financial barriers to receiving late TOP	Total number of health workers interviewed	Health provider survey	no	no	no	no	no	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal, fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
8	Proportion of women who experienced [X] number of hardships when seeking abortion services	(1) Abortion access & availability	Financial access	Number of women who experienced [X] number of hardships when seeking abortion services	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64.
9	Proportion of women who incurred out-of-pocket expenses >50% to seek abortion services	(1) Abortion access & availability	Financial access	Number of women who incurred OOP expenses >50% to seek abortion services	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64.
10	Proportion of women who made an informal payment to their abortion provider	(1) Abortion access & availability	Financial access	Number of women who made an informal payment to their abortion provider	Total number of abortion users	Client exit interviews, cross sectional survey	no	no	yes	no	no	yes	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (3) Barden-Ofallon, J., Reynolds, Z. and Spitzer, I.S., 2010. Women's health in the Russian Federation: the Russia Longitudinal Monitoring Survey 2010. Chapel Hill: USAID.
11	Proportion of women who paid [x] amount to receive abortion services	(1) Abortion access & availability	Financial access	Number of women who paid [x] amount to receive abortion services	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52.
12	Proportion of women who reported that the cost of termination was [as/less/more] expensive than expected	(1) Abortion access & availability	Financial access	Number of women reported that the cost of termination was [as/less/more] expensive than expected	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52.
13	Proportion of abortions by funding source (eg privately funded, publicly funded)	(1) Abortion access & availability	Financial access	Number of abortion funded by public health care sector	Total number of abortions	Health information system	yes	no	no	no	no	no	no	(1) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortion_statistics_England_Wales_2016.pdf
14	Percentage of the population surveyed/target audience who intend to immediately access PAC services in the event of an obstetric emergency	(1) Abortion access & availability	General access	Number of the population surveyed/target audience who intend to immediately access PAC services in the event of an obstetric emergency	Total number of population survey	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. <i>EngenderHealth</i> .
15	Proportion of abortion clients who believed that abortion services were accessible	(1) Abortion access & availability	General access	Number of women who believed that abortion services were accessible	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
16	Proportion of abortion clients who thought [X] method of abortion was more accessible	(1) Abortion access & availability	General access	Number of women who thought [X] method of abortion was more accessible	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
17	Proportion of abortion seekers offered MA by a pharmacy worker	(1) Abortion access & availability	General access	Number of pharmacy visits during which an abortion seeker was offered MA	Total number of pharmacy visits reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.
18	Proportion of abortion seekers offered other non-MA medication by a pharmacy worker	(1) Abortion access & availability	General access	Number of pharmacy visits during which an abortion seeker was offered other non-MA medication	Total number of pharmacy visits reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.
19	Proportion of abortion seekers referred for abortion services by pharmacy worker	(1) Abortion access & availability	General access	Number of pharmacy visits during which an abortion seeker was referred for services	Total number of pharmacy visits reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.
20	Proportion of abortion seekers that were not offered any medication by pharmacy worker	(1) Abortion access & availability	General access	Number of pharmacy visits during which an abortion seeker was not offered any medication	Total number of pharmacy visits reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
21	Proportion of health providers who believed that their patients face difficulty finding a provider who will offer late TOP	(1) Abortion access & availability	General access	Number of health providers who believed that their patients face difficulty finding a provider who will offer late TOP	Total number of health workers interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
22	Proportion of health providers who believed that their patients face difficulty taking time away from home, work, or school responsibilities to obtain late TOP	(1) Abortion access & availability	General access	Number of health providers who believed that their patients face difficulty taking time away from home, work, or school responsibilities to obtain late TOP	Total number of health workers interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
23	Proportion of women whose scheduled appointment for abortion services was later than preferred	(1) Abortion access & availability	General access	Number of women whose schedule abortion for abortion services was later than preferred	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64.
24	Proportion of women with [X] level of perceived difficulty accessing abortion care	(1) Abortion access & availability	General access	Number of women with [X] level of perceived difficulty accessing abortion care	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64.
25	Mean distance between abortion client and clinic where they received abortion services	(1) Abortion access & availability	Physical access	Sum of distances between abortion clients and facility where they received abortion services	Total number of abortion clients	Client exit interviews; clinical records	yes	no	yes	no	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64. (2) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
26	Mean distance between abortion client and nearest clinic providing abortion services	(1) Abortion access & availability	Physical access	Sum of distances between abortion clients and nearest abortion-providing facility	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64.
27	Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC	(1) Abortion access & availability	Physical access	Number of communities with established referral systems between the community and primary, secondary, and tertiary resources for PAC	n/a	Membership lists of those in the referral system, and service statistics*	yes	no	no	no	no	no	yes	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID. 2004 USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pao/files/USAID_PAC_Strategy.pdf on 6th September 2019
28	Number of service delivery points providing postabortion care services by type and geographic location	(1) Abortion access & availability	Physical access	Number of service delivery points providing postabortion care services by type and geographic location	n/a	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
29	Proportion of service delivery points providing postabortion care services by type and geographic location	(1) Abortion access & availability	Physical access	Number of service delivery points providing postabortion care services by type and geographic location	Total number of service delivery points by type and geographic location	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
30	Percentage of population living within 2 hours travel time from a facility providing safe abortion	(1) Abortion access & availability	Physical access	Number of population living within two hours travel time from a facility providing safe abortion in a geographically defined area	Number of population in the geographically defined area	Population survey	no	no	no	no	no	yes	no	(2) WORLD HEALTH ORGANIZATION. 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization.
31	Proportion of health providers who believed that their patients face difficulty arranging transportation to obtain late TOP	(1) Abortion access & availability	Physical access	Number of health providers who believed that their patients face difficulty arranging transportation to obtain late TOP	Total number of health workers interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
32	Proportion of providers that required women to live within [x] distance of health facility to be eligible for MA	(1) Abortion access & availability	Physical access	Number of providers who required women to live within [x] distance of health facility to be eligible for MA	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
33	Proportion of women living in a county with no abortion provider	(1) Abortion access & availability	Physical access	Number of women living in a county with no abortion provider	Total number of women	Health facility census & health provider questionnaire	no	no	no	yes	yes	yes	no	(1) JONES, R. K., ZOLNA, M. R., HENSHAW, S. K. & FINER, L. B. 2008. Abortion in the United States: incidence and access to services, 2005. <i>Perspect Sex Reprod Health</i> , 40, 6-16.
34	Proportion of women who had to stay overnight to seek abortion services	(1) Abortion access & availability	Physical access	Number of women who had to stay overnight to seek abortion services	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64.
35	Proportion of women who traveled [x] distance to seek abortion services	(1) Abortion access & availability	Physical access	Number of women who traveled [x] distance to seek abortion services	Total number of abortion clients	Client exit interviews, health provider survey	no	no	yes	no	yes	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 327-33. (3) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (4) JONES, R. K., ZOLNA, M. R., HENSHAW, S. K. & FINER, L. B. 2008. Abortion in the United States: incidence and access to services, 2005. <i>Perspect Sex Reprod Health</i> , 40, 6-16.
36	Mean number of abortions performed per health provider per [period]	(1) Abortion access & availability	Provider availability	Sum of abortions performed per [period]	Total number of providers	health information system; health provider surveys	yes	no	no	no	yes	no	no	(1) BO, M., ZOTTI, C. M. & CHARRIER, L. 2015. Conscientious objection and waiting time for voluntary abortion in Italy. <i>Eur J Contracept Reprod Health Care</i> , 20, 272-82. (2) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
37	Mean number of health providers trained in PAC per facility	(1) Abortion access & availability	Provider availability	Total number of health providers trained in PAC	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
38	Percentage of healthcare providers trained to provide safe abortion services to the full extent of the law	(1) Abortion access & availability	Provider availability	Total number of healthcare providers trained to provide safe abortion services to the full extent of the law	Total number of healthcare providers	Health facility survey	no	no	no	no	yes	no	no	(1) WORLD HEALTH ORGANIZATION. 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization.
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	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
3	Proportion of abortion providers that are [male/female]	(1) Abortion access & availability	Provider availability	Number of abortion providers that are [male/female]	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
40	Proportion of abortion providers that are [X] type/cadre	(1) Abortion access & availability	Provider availability	Number of abortion providers that are [X] type/cadre	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
41	Proportion of abortion providers that perform MVA and MA	(1) Abortion access & availability	Provider availability	Number of abortion providers that perform MVA and MA	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
42	Proportion of abortion providers that perform MVA only	(1) Abortion access & availability	Provider availability	Number of abortion providers that perform MVA only	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
43	Proportion of abortion providers that work in [urban/peri-urban/rural] areas	(1) Abortion access & availability	Provider availability	Number of abortion providers that work in [urban/peri-urban/rural] areas	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
44	Proportion of abortion providers who reported offering abortion services at [x] gestational age	(1) Abortion access & availability	Provider availability	Number of abortion providers who reported offering abortion services at [x] gestational age	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) JONES, R. K., ZOLNA, M. R., HENSHAW, S. K. & FINER, L. B. 2008. Abortion in the United States: incidence and access to services, 2005. Perspect Sex Reprod Health, 40, 4-16.
45	Proportion of health providers who reported that they provide information to women (>24 weeks) whose pregnancies are affected by fetal anomaly facilities but do not directly refer for TOP	(1) Abortion access & availability	Provider availability	Number of providers who reported that they provide information to women (>24 weeks) whose pregnancies are affected by fetal anomaly facilities but do not directly refer for TOP	Total number of maternal fetal medicine specialists interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. Contraception, 91, 12-8.
46	Proportion of providers with previous experience in managing [x] abortion complication	(1) Abortion access & availability	Provider availability	Number of providers who reported having previous experience in managing [x] abortion complication	Total number of providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) STEINHAUER, J. E., TURK, J. K., FULTON, M. C., SIMONSON, K. H. & LANDY, U. 2013. The benefits of family planning training: a 10-year review of the Ryan Residency Training Program. Contraception, 88, 275-80.
47	Proportion of abortion providers that offer home administration of misoprostol	(1) Abortion access & availability	Provider availability	Number of abortion providers that offer home administration of misoprostol	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97.
48	Proportion of abortion providers that performed [x] number of medical abortions in the past week	(1) Abortion access & availability	Provider availability	Number of abortion providers that performed [x] number of medical abortions in the past week	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97.
49	Proportion of abortion providers that performed [x] number of surgical abortions in the past week	(1) Abortion access & availability	Provider availability	Number of abortion providers that performed [x] number of surgical abortions in the past week	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97.
50	Proportion of abortion providers that primarily work in facility in the [public/private/both] sector	(1) Abortion access & availability	Provider availability	Number of abortion providers that primarily work in facility in the [public/private/both] sector	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
51	Proportion of abortion providers who believe surgical abortion and MA are equally effective	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe surgical abortion and MA are equally effective	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
52	Proportion of abortion providers who believe surgical abortion and MA are equally safe	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe surgical abortion and MA are equally safe	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
53	Proportion of abortion providers who believe surgical abortion is more effective	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe surgical abortion is more effective	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
54	Proportion of abortion providers who believe surgical abortion is safer	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe surgical abortion is safer	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
55	Proportion of abortion providers who believe that [x] provider type can provide MA	(1) Abortion access & availability	Provider beliefs & attitudes	Number of providers who believe that [x] provider type can provide MA (physicians, nurses, midwives)	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
57	Proportion of abortion providers who believe that MA should be expanded to primary and secondary health facilities	(1) Abortion access & availability	Provider beliefs & attitudes	Number of providers who believe that MA should be expanded to primary and secondary health facilities	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
58	Proportion of abortion providers who believe that the following is a benefit of MA for women: avoiding anaesthetics	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: avoiding anaesthetics	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
59	Proportion of abortion providers who believe that the following is a benefit of MA for women: does not require a lot of medical supervision	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: does not require a lot of medical supervision	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
60	Proportion of abortion providers who believe that the following is a benefit of MA for women: MA can be performed at home	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: MA can be performed at home	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
61	Proportion of abortion providers who believe that the following is a benefit of MA for women: MA is a more private/personal procedure	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: MA is a more private/personal procedure	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
62	Proportion of abortion providers who believe that the following is a benefit of MA for women: MA is associated with fewer physical traumas	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: MA is associated with fewer physical traumas	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
63	Proportion of abortion providers who believe that the following is a benefit of MA for women: MA is less invasive	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: MA is less invasive	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
64	Proportion of abortion providers who believe that the following is a benefit of MA for women: MA is less painful	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: MA is less painful	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
65	Proportion of abortion providers who believe that the following is a benefit of MA for women: MA is more affordable	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: MA is more affordable	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
66	Proportion of abortion providers who believe that the following is a benefit of MA for women: MA is more natural than surgical abortion	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: MA is more natural than surgical abortion	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
67	Proportion of abortion providers who believe that the following is a benefit of MA for women: MA is safer	(1) Abortion access & availability	Provider beliefs & attitudes		Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
68	Proportion of abortion providers who believe that the following is a benefit of MA for women: women can have someone with them in private settings	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: women can have someone with them in private settings	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
69	Proportion of abortion providers who believe that the following is a benefit of MA for women: women know what's happening when going through MA	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for women: women know what's happening when going through MA	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
70	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: inadequate drug supplies or equipment/facilities	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: inadequate drug supplies or equipment/facilities	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
71	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: increase in clinical workload	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: increase in clinical workload	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
72	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: increase in complications or failure	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: increase in complications or failure	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
73	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: lack of guidelines/protocol	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: lack of guidelines/protocol	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
74	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: lack of knowledge & training	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: lack of knowledge & training	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
74	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: lack of patient awareness or knowledge	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: lack of patient awareness or knowledge	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
75	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: lack of suitable rooms or venues	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: lack of suitable rooms or venues	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
76	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: national/local legal barriers	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: national/local legal barriers	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
77	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: not enough staff	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: not enough staff	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
78	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: pressure of having emergency services	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: pressure of having emergency services	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
79	Proportion of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: resistance/objection from doctors	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe the following is a barrier to MA provision in primary and secondary health facilities: resistance/objection from doctors	Total number abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. <i>Int J Gynaecol Obstet</i> , 124, 216-21.
80	Proportion of health providers who believe that TOP for women whose pregnancies are affected by lethal fetal anomaly should be allowed under all circumstances	(1) Abortion access & availability	Provider beliefs & attitudes	Number of providers who believe that TOP should be allowed for women whose pregnancies are affected by lethal fetal anomaly under all circumstances	Total number of maternal fetal medicine specialists interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
81	Proportion of health providers who believe that TOP for women whose pregnancies are affected by lethal fetal anomaly should be allowed when an anomaly is likely to result in significant long-term handicaps in surviving infants	(1) Abortion access & availability	Provider beliefs & attitudes	Number of providers who believe that TOP for women whose pregnancies are affected by lethal fetal anomaly should be prohibited under all circumstances	Total number of maternal fetal medicine specialists interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
82	Proportion of health providers who believe that TOP for women whose pregnancies are affected by lethal fetal anomaly should be prohibited under all circumstances	(1) Abortion access & availability	Provider beliefs & attitudes	Number of providers who believe that TOP for women whose pregnancies are affected by lethal fetal anomaly should be prohibited under all circumstances	Total number of maternal fetal medicine specialists interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
83	Proportion of health providers who believed that the decision whether or not to interrupt a pregnancy with a late-diagnosed lethal fetal anomaly should be left to the pregnant woman in consultation with her doctor	(1) Abortion access & availability	Provider beliefs & attitudes	Number of health providers who believed that the decision whether or not to interrupt a pregnancy with a late-diagnosed lethal fetal anomaly should be left to the pregnant woman in consultation with her doctor	Total number of maternal fetal medicine specialists interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
84	Proportion of providers demonstrating nonjudgmental attitudes towards PAC clients	(1) Abortion access & availability	Provider beliefs & attitudes	Number of providers demonstrating nonjudgmental attitudes towards PAC clients	Total number of providers surveyed	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. <i>EngenderHealth</i> .
85	Proportion of providers that believe a woman should complete their MA at [home/facility]	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers that believe a woman should complete their MA at [home/facility]	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
86	Proportion of providers that believe it is safer for women to complete their MA at [home/facility/other]	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers that believe it is safer for women to complete their MA at [home/facility/other]	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
87	Proportion of providers that believe the following is a benefit of MA for providers: fewer complications	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: fewer complications	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
88	Proportion of providers that believe the following is a benefit of MA for providers: fewer side effects	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: fewer side effects	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
89	Proportion of providers that believe the following is a benefit of MA for providers: greater client satisfaction	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: greater client satisfaction	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.
90	Proportion of providers that believe the following is a benefit of MA for providers: less medically qualified staff required	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: less medically qualified staff required	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. <i>Int J Womens Health</i> , 6, 789-97.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
92	Proportion of providers that believe the following is a benefit of MA for providers: more effective/higher success rate	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: more effective/higher success rate	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
93	Proportion of providers that believe the following is a benefit of MA for providers: more profitable	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: more profitable	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97.
94	Proportion of providers that believe the following is a benefit of MA for providers: no surgical skills required	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: no surgical skills required	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97.
95	Proportion of providers that believe the following is a benefit of MA for providers: requires less medical supervision	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: requires less medical supervision	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97.
96	Proportion of providers that believe the following is a benefit of MA for providers: requires less time to manage procedure	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: requires less time to manage procedure	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97.
97	Proportion of providers that believe the following is a benefit of MA for providers: requires shorter stay in facility	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: requires shorter stay in facility	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97.
98	Proportion of providers that believe the following is a benefit of MA for providers: safer procedure	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who believe that the following is a benefit of MA for providers: safer procedure	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
99	Proportion of providers who agreed that women should be given a choice as to whether they would like to complete their MA at home or return to the health facility	(1) Abortion access & availability	Provider beliefs & attitudes	Number of abortion providers who agreed that women should be given a choice as to whether they would like to complete their MA at home or return to the health facility	Total number of abortion providers who provide both MVA and MA	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97.
100	Proportion of providers who are conscientious objectors of abortion	(1) Abortion access & availability	Provider beliefs & attitudes	Number of providers who reported being conscientious objectors to abortion	Total number of providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) STENAUER, J. E., TURK, J. K., FULTON, M. C., SIMONSON, K. H. & LANDY, U. 2013. The benefits of family planning training: a 10-year review of the Ryan Residency Training Program. Contraception, 88, 275-80.
101	Proportion of service providers and administrators who report negative attitudes towards PAC clients	(1) Abortion access & availability	Provider beliefs & attitudes	Number of service providers and administrators who report negative attitudes towards PAC clients	Total number of providers and administrators surveyed	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
102	Proportion of service providers who are willing to report discrimination against PAC clients	(1) Abortion access & availability	Provider beliefs & attitudes	Number of service providers who are willing to report discrimination against PAC clients	Total number of providers surveyed	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
103	Proportion of service providers who know of PAC patients who in the past 12 months were a) neglected; b) denied care; c) verbally abused	(1) Abortion access & availability	Provider beliefs & attitudes	Number of service providers who know of PAC patients who in the past 12 months were a) neglected; b) denied care; c) verbally abused	Total number of providers surveyed	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
104	Proportion of abortion providers that are from [x] age group	(1) Abortion access & availability	Provider characteristics	Number of abortion providers that are from [x] age group	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
105	Proportion of abortion providers that have [x] marital status	(1) Abortion access & availability	Provider characteristics	Number of abortion providers that have [x] marital status	Total number of abortion providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
106	Mean competence score for providing abortion procedure type [x]	(1) Abortion access & availability	Provider training & competencies	Sum of all competence scores in providing abortion procedure type [x] [x=MA, manual uterine aspiration, electric uterine aspiration, D&C, induction termination]	Total number of providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) STENAUER, J. E., TURK, J. K., FULTON, M. C., SIMONSON, K. H. & LANDY, U. 2013. The benefits of family planning training: a 10-year review of the Ryan Residency Training Program. Contraception, 88, 275-80.
107	Median number of abortion procedure type [X] performed by health workers during training	(1) Abortion access & availability	Provider training & competencies	Median number of abortion procedure type [X] performed by health workers during training [x=MA, manual uterine aspiration, electric uterine aspiration, D&C, induction termination]	Total number of providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) STENAUER, J. E., TURK, J. K., FULTON, M. C., SIMONSON, K. H. & LANDY, U. 2013. The benefits of family planning training: a 10-year review of the Ryan Residency Training Program. Contraception, 88, 275-80.

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
108	Number of medical and nursing schools incorporating PAC into their curricula, updated in the last five years	(1) Abortion access & availability	Provider training & competencies	Number of medical and nursing schools incorporating PAC into their curricula, updated in the last five years	n/a	National program records and training institution records and curricula*	no	no	no	no	no	yes	(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/default/files/USAID_PAC_Strategy.pdf on 6th September 2019
109	Proportion of medical and nursing schools incorporating PAC into their curricula, updated in the last five years	(1) Abortion access & availability	Provider training & competencies	Number of medical and nursing schools incorporating PAC into their curricula, updated in the last five years	Number of medical and nursing schools	Aspirational description							(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
110	Number of PAC providers trained and certified as competent	(1) Abortion access & availability	Provider training & competencies	Number of PAC providers trained and certified as competent	n/a	Aspirational description							(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
111	Number of qualified PAC trainers developed in the past year	(1) Abortion access & availability	Provider training & competencies	Number of qualified PAC trainers developed in the past year	n/a	Aspirational description							(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
112	Number of practitioners trained in PAC by cadre and geographic distribution	(1) Abortion access & availability	Provider training & competencies	Number of practitioners trained in PAC by cadre and geographic distribution	n/a	Aspirational description							(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) MEASURE EVALUATION. Postabortion Care. Available from: https://www.measureevaluation.org/pr/h/indicators/womens-health/pac . Accessed on: 15th August 2019
113	Proportion of practitioners trained in PAC by cadre and geographic distribution	(1) Abortion access & availability	Provider training & competencies	Number of practitioners trained in PAC by cadre and geographic distribution	Number of practitioners by cadre and geographic distribution	Aspirational description							(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) MEASURE EVALUATION. Postabortion Care. Available from: https://www.measureevaluation.org/pr/h/indicators/womens-health/pac . Accessed on: 15th August 2019
114	Proportion of abortion providers who know the correct gestational age limit for MA according to national guidelines	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers who correctly reported the gestational age limit for MA according to national guidelines	Total number abortion providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
115	Proportion of abortion providers who know the correct MA regimen and dosage	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers who correctly reported MA regimen and dosage	Total number abortion providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
116	Proportion of abortion providers who reported being confident that they could calculate safe abortion indicators and prepare a summary report	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers who reported being confident that they could calculate safe abortion indicators and prepare a summary report	Total number of providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKEL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009.
117	Proportion of abortion providers who reported being confident that they could help their facility improve record keeping	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers who reported being confident that they could help their facility improve record keeping	Total number of providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKEL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009.
118	Proportion of abortion providers who reported being confident that they could provide counseling and contraception	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers who reported being confident that they could provide counseling and contraception	Total number of providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKEL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009.
119	Proportion of abortion providers who reported being confident that they could provide induced abortion services	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers who reported being confident that they could provide induced abortion services	Total number of providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKEL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009.
120	Proportion of abortion providers who reported being confident that they could provide induced abortion services with preferred technologies for 1st trimester abortions	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers who reported being confident that they could provide induced abortion services with preferred technologies for 1st trimester abortions	Total number of providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKEL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009.
121	Proportion of abortion providers who reported that they record information on safe abortion care	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers who reported that they record information on safe abortion care	Total number of providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKEL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009.
122	Proportion of abortion providers who were able to name [x] adverse effect of MA unreported	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers who correctly named [x] adverse effect of MA unreported	Total number abortion providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
123	Proportion of abortion providers with [x] type of training	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers with [x] training (nursing, midwifery, ob/gyn, other medical doctoral degree)	Total number of abortion providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21.
124	Proportion of abortion providers with [x] years of experience providing the procedure	(1) Abortion access & availability	Provider training & competencies	Number of abortion providers with [x] years of training	Total number of abortion providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Attributes and perspectives of public providers related to provision of medical abortion at public health facilities in Vietnam: a cross-sectional study in three provinces. Int J Womens Health, 6, 789-97. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Knowledge and provision practices regarding medical abortion among public providers in Hanoi, Khanh Hoa, and Ho Chi Minh City, Vietnam. Int J Gynaecol Obstet, 124, 216-21. (3) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2015. Medical abortion practices among private providers in Vietnam. Int J Womens Health, 5, 593-8.
125	Proportion of health providers that discuss TOP with women whose pregnancies are affected by lethal fetal anomalies	(1) Abortion access & availability	Provider training & competencies	Number of providers that discuss TOP with women whose pregnancies are affected by lethal fetal anomalies	Total number of maternal fetal medicine specialists interviewed	Health provider survey	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. Contraception, 91, 12-8.
126	Proportion of health providers trained to provide safe abortion services within the full extent of the law	(1) Abortion access & availability	Provider training & competencies	Number of health providers trained to provide abortion services	Total number of health providers	Health provider survey	no	no	no	yes	no	no	(1) BARREIX, M., TUNCALP, O., MUTOMBO, N., ADEGBOYEGA, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. Int J Gynaecol Obstet, 137, 205-212.

A	B	C	D	E	F	G	H	I	J	K	L	M	R
Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: facility health special assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
127	Proportion of health providers who reported that they refer women (<24 weeks) whose pregnancies are affected by fetal anomaly facilities to other facilities for TOP	(1) Abortion access & availability	Provider training & competencies	Number of providers who reported that they refer women (<24 weeks) whose pregnancies are affected by fetal anomaly facilities to other facilities for TOP	Total number of maternal fetal medicine specialists interviewed	Health provider survey	no	no	no	no	yes	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-6.
128	Proportion of health providers who were misinformed about state's legal TOP prohibitions	(1) Abortion access & availability	Provider training & competencies	Number of health workers who were misinformed about state's legal TOP prohibitions	Total number of health workers interviewed	Health provider survey	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-6.
129	Proportion of health providers with accurate knowledge of the legal status of induced abortion	(1) Abortion access & availability	Provider training & competencies	Number of providers with accurate knowledge of the legal status of abortion	Total number of health providers	Health provider survey	no	no	no	yes	no	no	(1) BARREX, M., TUNCALP, O., MUTOMBO, N., ADEGBOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212.
130	Proportion of health trainees who intended to provide abortion in the future	(1) Abortion access & availability	Provider training & competencies	Number of trainee providers who reported intending to provide abortion services after training	Total number of providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) STENAUER, J. E., TURK, J. K., FULTON, M. C., SIMONSON, K. H. & LANDY, U. 2013. The benefits of family planning training: a 10-year review of the Ryan Residency Training Program. <i>Contraception</i> , 88, 275-80.
131	Proportion of providers that advised women to return for a follow-up visit within 2 weeks of providing MA	(1) Abortion access & availability	Provider training & competencies	Number of providers who required women to live within [x] distance of health facility to be eligible for MA	Total number of abortion providers surveyed	Health provider survey	no	no	no	yes	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
132	Proportion of providers who adhere to current/updated practices for uterine evacuation	(1) Abortion access & availability	Provider training & competencies	Number of providers who adhere to current/updated practices for uterine evacuation	Total number of abortion providers surveyed	Aspirational description							(1) Escandlon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
133	Proportion of service providers who are aware of policies guaranteeing access/rights to PAC clients	(1) Abortion access & availability	Provider training & competencies	Number of service providers who are aware of policies guaranteeing access/rights to PAC clients	Total number of survey providers surveyed	Aspirational description							(1) Escandlon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
134	Mean number of safe abortion care functions that facilities can perform	(1) Abortion access & availability	Service availability	Sum of number of safe abortion care functions each facility could perform	Total number of facilities assessed	Health facility assessment	no	no	no	yes	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI, R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
135	Number of facilities where there is availability of supplies, equipment and medications for uterine evacuation, including materials for infection prevention and pain management	(1) Abortion access & availability	Service availability	Number of facilities where there is availability of supplies, equipment and medications for uterine evacuation, including materials for infection prevention and pain management	n/a	Aspirational description							(1) Escandlon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
136	Proportion of facilities where there is availability of supplies, equipment and medications for uterine evacuation, including materials for infection prevention and pain management	(1) Abortion access & availability	Service availability	Number of facilities where there is availability of supplies, equipment and medications for uterine evacuation, including materials for infection prevention and pain management	Total number of facilities	Aspirational description							(1) Escandlon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
137	Number of facilities with mechanism for stabilization, referral and transport of patients with severe abortion complications in existence and functioning	(1) Abortion access & availability	Service availability	Number of facilities with mechanism for stabilization, referral and transport of patients with severe abortion complications in existence and functioning	n/a	Aspirational description							(1) Escandlon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
138	Proportion of facilities with mechanism for stabilization, referral and transport of patients with severe abortion complications in existence and functioning	(1) Abortion access & availability	Service availability	Number of facilities with mechanism for stabilization, referral and transport of patients with severe abortion complications in existence and functioning	Total number of facilities	Aspirational description							(1) Escandlon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
139	Number of facilities providing basic/comprehensive safe abortion care services	(1) Abortion access & availability	Service availability	Number of facilities providing basic/comprehensive safe abortion care services	n/a	Health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. <i>BMC Health Serv Res</i> , 15, 426.
140	Number of NGO/fatih-based organization (FBO)/community-based organization (CBO) networks or coalitions providing PAC services	(1) Abortion access & availability	Service availability	Number of NGO/fatih-based organization (FBO)/community-based organization (CBO) networks or coalitions providing PAC services	n/a	Membership lists of networks or coalitions, management and/or financial information systems, meeting minutes, and external assessments of sustainability*	no	no	no	no	no	yes	(1) Escandlon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
141	Number of safe abortion care facilities per 500,000 population	(1) Abortion access & availability	Service availability	Number of facilities offering safe abortion services	per 500,000 population	Health facility assessment, census data	no	no	no	yes	no	yes	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipass, 2009. (2) WORLD HEALTH ORGANIZATION, 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization.
142	Number of service delivery points where PAC service activities are incorporated into budgets	(1) Abortion access & availability	Service availability	Number of service delivery points where PAC service activities are incorporated into budgets	n/a	Budgets, charts of accounts and operational plans*	no	no	no	no	no	no	(1) Escandlon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
143	Number of service delivery points where PAC service activities are incorporated into standard protocols	(1) Abortion access & availability	Service availability	Number of service delivery points where PAC service activities are incorporated into standard protocols	n/a	Facility protocols and program records*	no	no	no	no	no	no	(1) Escandlon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
144	Number of partners that use standardised training materials, guidelines and service delivery indicators to initiate or improve PAC services or programs	(1) Abortion access & availability	Service availability	Number of partners that use the Global PAC Resource Package to initiate or improve PAC services or programs	n/a	Policy or program documents, work plans, and interviews with program planners and implementers*	no	no	no	no	no	yes	(1) Variation in: USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
145	Number of identified and documented best practices in PAC	(1) Abortion access & availability	Service availability	Number of programs or practices with substantial evidence that it has had an impact and/or has successfully met its program objectives	n/a	Evaluation reports, progress/implementation documentation and research reports*	no	no	no	no	no	no	yes	(1) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
146	Proportion of abortion providers who agreed that all abortion clients receive post-abortion contraceptive counseling in their facility	(1) Abortion access & availability	Service availability	Number of providers who agreed that all abortion clients receive post-abortion contraceptive counseling in their facility	Total number of providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsas, 2009.
147	Proportion of abortion providers who agreed that all abortion clients who want a contraceptive method receive one before leaving their facility	(1) Abortion access & availability	Service availability	Number of providers who agreed that all abortion clients who want a contraceptive method receive one before leaving their facility	Total number of providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsas, 2009.
148	Proportion of abortion providers who agreed that first trimester induced abortion services are provided well in their facility	(1) Abortion access & availability	Service availability	Number of providers who agreed that first trimester induced abortion services are provided well in their facility	Total number of providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsas, 2009.
149	Proportion of abortion providers who agreed that there are always enough MVA aspirators and cannulae in their facility	(1) Abortion access & availability	Service availability	Number of providers who agreed that there are always enough MVA aspirators and cannulae in their facility	Total number of providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsas, 2009.
150	Proportion of abortion providers who agreed that treatment of abortion complications is provided well in their facility	(1) Abortion access & availability	Service availability	Number of providers who agreed that treatment of abortion complications is provided well in their facility	Total number of providers surveyed	Health provider survey	no	no	no	no	yes	no	no	(1) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsas, 2009.
151	Proportion of abortion-providing facilities that are [facility sector]	(1) Abortion access & availability	Service availability	Number of abortion-providing facilities that are [facility sector, e.g. public, private-for-profit, NGO, FBO]	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
152	Proportion of abortion-providing facilities that are [facility type]	(1) Abortion access & availability	Service availability	Number of abortion-providing facilities that are [facility type, e.g. hospitals, health centers, non-specialized clinics]	Total number of abortion-providing facilities	Abortion provider census; health facility survey	no	no	no	yes	yes	no	no	(1) JONES, R. K., INGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Women's Health Issues</i> , 28, 212-218. (2) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
153	Proportion of abortion-providing facilities that have a designated evacuation room for PAC	(1) Abortion access & availability	Service availability	Number of abortion-providing facilities with a designated evacuation room for PAC	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
154	Proportion of abortion-providing facilities that offer abortion services at [X] gestational age	(1) Abortion access & availability	Service availability	Number of abortion-providing facilities that offer abortion services at [X] gestational age	Total number of abortion-providing facilities	Abortion provider census	no	no	no	no	yes	no	no	(1) JONES, R. K., INGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Women's Health Issues</i> , 28, 212-218.
155	Proportion of abortion-providing facilities that only provide early medication abortion	(1) Abortion access & availability	Service availability	Number of abortion-providing facilities that are early medication abortion (EMA)-only	Total number of abortion-providing facilities	Abortion provider census	no	no	no	no	yes	no	no	(1) JONES, R. K., INGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Women's Health Issues</i> , 28, 212-218.
156	Proportion of abortion-providing facilities that provide some abortion services by advanced practice clinicians	(1) Abortion access & availability	Service availability	Number of abortion-providing facilities that provide some care by advanced practice physicians (APCs)	Total number of abortion-providing facilities	Abortion provider census	no	no	no	no	yes	no	no	(1) JONES, R. K., INGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Women's Health Issues</i> , 28, 212-218.
157	Proportion of abortion-providing facilities with a designated evacuation room	(1) Abortion access & availability	Service availability	Number of abortion-providing facilities with a designated evacuation room	Total number of abortion-providing facilities	Health facility survey; PAC client exit interviews	no	no	yes	yes	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
158	Number of abortion-providing facilities that offer contraception to PAC clients	(1) Abortion access & availability	Service availability	Number of abortion-providing facilities that offer contraception to PAC clients	n/a	Health facility survey	no	no	no	yes	no	no	no	(1) MEASURE EVALUATION. Postabortion Care. Available from: https://www.measureevaluation.org/prh/wh_indicators/womens-health/pac . Accessed on: 15th August 2019
159	Proportion of abortion-providing health facilities that offer post-abortion contraception	(1) Abortion access & availability	Service availability	Number of facilities that offer post-abortion contraception	Total number of facilities that offer abortion services	Health facility survey	no	no	no	yes	no	no	no	(1) MEASURE EVALUATION. Postabortion Care. Available from: https://www.measureevaluation.org/prh/wh_indicators/womens-health/pac . Accessed on: 15th August 2019
160	Proportion of abortion-providing health facilities that offer post-abortion contraception and counseling	(1) Abortion access & availability	Service availability	Number of facilities that offer post-abortion contraception and counseling	Total number of facilities that offer abortion services	Health facility survey	no	no	no	yes	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
161	Proportion of facilities capable of administering essential (parenteral) antibiotics	(1) Abortion access & availability	Service availability	Number of facilities capable of administering essential antibiotics	Total number of facilities assessed	health facility assessment	no	no	no	yes	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. <i>BMC Health Serv Res</i> , 15, 426. (2) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHWOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. <i>Glob Public Health</i> , 8, 417-34. (3) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsas, 2009. (4) Cresawell JA, Owolabi OO, Chelwa N, Dennis M, Gabrysoch S, Vwalika B, Mbatia M, Filippi V, Campbell OMI. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
162	Proportion of facilities capable of administering intravenous fluids	(1) Abortion access & availability	Service availability	Number of facilities capable of administering intravenous fluids	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426. (2) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHWOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. Glob Public Health, 8, 417-34. (3) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009. (4) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health. 3:e000897
163	Proportion of facilities capable of administering oxytocics (uterotonics)	(1) Abortion access & availability	Service availability	Number of facilities capable of administering oxytocics	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426. (2) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHWOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. Glob Public Health, 8, 417-34. (3) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009. (4) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health. 3:e000897
164	Proportion of facilities capable of performing blood transfusion	(1) Abortion access & availability	Service availability	Number of facilities capable of performing blood transfusion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426. (2) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHWOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. Glob Public Health, 8, 417-34. (3) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009.
165	Proportion of facilities capable of performing laparotomy, laparoscopy and/or hysterectomy	(1) Abortion access & availability	Service availability	Number of facilities capable of performing laparoscopy and/or hysterectomy	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health. 3:e000897
166	Proportion of facilities capable of performing laparotomy	(1) Abortion access & availability	Service availability	Number of facilities capable of performing laparotomy	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426. (2) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHWOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. Glob Public Health, 8, 417-34. (3) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009.
167	Proportion of facilities capable of performing menstrual regulation for uterine size <=10 weeks and/or safe, legal abortion <=12 weeks	(1) Abortion access & availability	Service availability	Number of facilities capable of performing menstrual regulation for uterine size <=10 weeks and/or safe, legal abortion <=12 weeks	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426.
168	Proportion of facilities capable of performing removal of retained products	(1) Abortion access & availability	Service availability	Number of facilities capable of performing removal of retained products for uterine size [x]	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426. (2) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHWOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. Glob Public Health, 8, 417-34. (3) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipsa, 2009.
169	Proportion of facilities capable of performing safe, legal abortion for uterine size >12 weeks, for all legal indicators	(1) Abortion access & availability	Service availability	Number of facilities capable of performing safe, legal abortion for uterine size >12 weeks, for all legal indicators	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426.
170	Proportion of facilities capable of providing basic safe abortion care	(1) Abortion access & availability	Service availability	Number of facilities capable of offering essential antibiotics + intravenous fluids + oxytocics + removal of retained products <=12 weeks + MR <=10 weeks of safe/legal abortion <=12 weeks + post MR or abortion contraception	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426. (2) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHWOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. Glob Public Health, 8, 417-34. (3) Variation of indicator in: International Planned Parenthood Federation, 2009. Putting the IPPF Monitoring and Evaluation Policy into Practice. Accessed on 14th August 2019 from: https://www.ippf.org/sites/default/files/ippfmonitoringevaluationhandbook.pdf (4) Campbell OMR, Aquino EML, Vwalika B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. BMS Pregnancy and Childbirth. 16:105.

A	B	C	D	E	F	G	H	I	J	K	L	M	R
Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
120	Proportion of facilities capable of providing comprehensive abortion care	(1) Abortion access & availability	Service availability	Number of facilities capable of offering all basic functions + perform safe/legal abortion for >12 weeks + remove retained products of conception >12 + blood transfusion + laparotomy	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426. (2) ABDELLA, A., FLETTERS, T., BENSON, J., PEARSON, E., GEBREHIMOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. Glob Public Health, 8, 417-34. (3) Campbell OMR, Aquino EML, Vwalika B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. BMS Pregnancy and Childbirth, 16:105.
121	Proportion of facilities that can provide basic PAC services	(1) Abortion access & availability	Service availability	Number of facilities that are able to provide medical and/or surgical TOP during the first trimester + open 24/7 + can give parenteral antibiotics + can give uterotonics + can give intravenous fluids + have at least three different methods of family planning (including condoms) available at survey + offer family planning services 7 days a week + have at least one health professional present at survey + have at least three health professional registered at facility	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897 (2) Variation in: Campbell OMR, Aquino EML, Vwalika B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. BMS Pregnancy and Childbirth, 16:105. (3) Variation in: MEASURE EVALUATION, Postabortion Care. Available from: https://www.measureevaluation.org/prh/h_indicators/womens-health/pac . Accessed on: 15th August 2019
122	Proportion of facilities that can provide comprehensive PAC services	(1) Abortion access & availability	Service availability	Number of facilities capable of providing all basic functions + are able to provide medical and/or surgical TOP during the second trimester + blood transfusion + emergency surgery + long-acting reversible contraceptives, and has at least one medical doctor on duty and three medical doctors registered.	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897 (2) Variation in: Campbell OMR, Aquino EML, Vwalika B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. BMS Pregnancy and Childbirth, 16:105.
123	Proportion of facilities that can provide basic TOP services	(1) Abortion access & availability	Service availability	Number of facilities that provide medical and/or surgical TOP during first trimester + have at least three different methods of family planning (including condoms) + offer family planning services at least one day a week + have at least one health professional present at survey + have at least one doctor registered at the facility	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897 (2) Variation in: Campbell OMR, Aquino EML, Vwalika B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. BMS Pregnancy and Childbirth, 16:105.
124	Proportion of facilities that can provide comprehensive TOP services	(1) Abortion access & availability	Service availability	Number of facilities that have all basic functions + provide medical and/or surgical TOP during second trimester + have at least one long-acting reversible method of family planning	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897 (2) Variation in: Campbell OMR, Aquino EML, Vwalika B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. BMS Pregnancy and Childbirth, 16:105.
125	Proportion of facilities that have performed medical termination of pregnancy in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have performed medical termination of pregnancy in last 12 months	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897
126	Proportion of facilities that have performed surgical termination of pregnancy in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have performed surgical termination of pregnancy in last 12 months	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897
127	Proportion of facilities that have performed a first trimester termination of pregnancy in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have performed a first trimester termination of pregnancy in last 12 months	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897
128	Proportion of facilities that have performed a second trimester termination of pregnancy in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have performed a second trimester termination of pregnancy	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897
129	Proportion of facilities that have done any termination of pregnancy (medical or surgical) in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have done any termination of pregnancy (medical or surgical) in last 12 months	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897
130	Proportion of facilities that have provided medical postabortion care in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have provided medical postabortion care in last 12 months	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897
131	Proportion of facilities that have provided surgical postabortion care in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have provided surgical postabortion care in last 12 months	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897
132	Proportion of facilities that have provided first trimester postabortion care in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have provided first trimester postabortion care in last 12 months	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897
133	Proportion of facilities that have provided second trimester postabortion care in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have provided second trimester postabortion care in last 12 months	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	(1) Cresswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. BMJ Global Health, 3:e000897

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
185	Proportion of facilities that have provided any postabortion care in last 12 months	(1) Abortion access & availability	Service availability	Number of facilities that have provided any postabortion care in last 12 months	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897
186	Proportion of facilities that report it would be able to perform first trimester termination of pregnancy	(1) Abortion access & availability	Service availability	Number of facilities that report it would be able to perform first trimester termination of pregnancy	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897
187	Proportion of facilities that report it would be able to perform second trimester termination of pregnancy	(1) Abortion access & availability	Service availability	Number of facilities that report it would be able to perform second trimester termination of pregnancy	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897
188	Proportion of facilities that report it would be able to perform first trimester postabortion care	(1) Abortion access & availability	Service availability	Number of facilities that report it would be able to perform first trimester postabortion care	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897
189	Proportion of facilities that report it would be able to perform second trimester postabortion care	(1) Abortion access & availability	Service availability	Number of facilities that report it would be able to perform second trimester postabortion care	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Vwalika B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897
190	Number of service delivery points that offer family planning to PAC patients	(1) Abortion access & availability	Service availability	Number of service delivery points that offer family planning to postabortion care patients	n/a	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. <i>EngenderHealth</i> .
191	Proportion of service delivery points that offer family planning to PAC patients	(1) Abortion access & availability	Service availability	Number of service delivery points that offer family planning to postabortion care patients	Total number of facilities assessed	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. <i>EngenderHealth</i> .
192	Proportion of facilities that had adequate examination room* for providing safe abortion care *not defined in paper	(1) Abortion access & availability	Service availability	Number of facilities with adequate examination room for providing safe abortion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
193	Proportion of facilities that had adequate* human resources for providing safe abortion care *not defined in paper	(1) Abortion access & availability	Service availability	Number of facilities with adequate human resources for providing safe abortion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
194	Proportion of facilities that had client-friendly counselling room/space* for providing safe abortion care *not defined in paper	(1) Abortion access & availability	Service availability	Number of facilities with client-friendly toilets for providing safe abortion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
195	Proportion of facilities that had client-friendly environment* for providing safe abortion care *not defined in paper	(1) Abortion access & availability	Service availability	Number of facilities with client-friendly environment for providing safe abortion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
196	Proportion of facilities that had client-friendly toilets* for providing safe abortion care *not defined in paper	(1) Abortion access & availability	Service availability	Number of facilities with client-friendly toilets for providing safe abortion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
197	Proportion of facilities that had full set of HMIS recording and report tools, job aid, and used them adequately* for providing safe abortion services *not defined in paper	(1) Abortion access & availability	Service availability	Number of facilities with full set of HMIS recording and report tools, job aid, and used adequately for providing safe abortion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
198	Proportion of facilities that reported offering post-abortion/contraception services	(1) Abortion access & availability	Service availability	Number of facilities reporting offering post-abortion contraception services	Total number of facilities	Health provider survey	no	no	no	no	yes	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (2) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. <i>BMC Health Serv Res</i> , 15, 426. (3) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHIWOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. <i>Glob Public Health</i> , 8, 417-34. (4) ALEMAYEHU, T., OTSEA, K., GEBREMEKAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipas, 2009.
199	Proportion of facilities with 1+ health providers trained in PAC	(1) Abortion access & availability	Service availability	Number of facilities with 1+ health providers trained in PAC	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
200	Proportion of facilities with 2+ health providers trained in PAC	(1) Abortion access & availability	Service availability	Number of facilities with 2+ health providers trained in PAC	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
201	Proportion of facilities with adequate equipment for infection control	(1) Abortion access & availability	Service availability	Number of facilities with adequate equipment (heat source for high-level disinfection + antiseptic supplies) for infection control	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
202	Proportion of facilities with instruments properly decontaminated and processed* for providing safe abortion care *not defined in paper	(1) Abortion access & availability	Service availability	Number of facilities with instruments properly decontaminated and processed for providing safe abortion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
203	Proportion of facilities with service delivery protocols and registers for keeping records on safe abortion care *not defined in paper	(1) Abortion access & availability	Service availability	Number of facilities with service delivery protocols and registers for keeping records on safe abortion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) K. C. N. BASNETT, I. SHARMA, S. K. BHUSAL, C. L. PARAJULI, R. R. ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
204	Proportion of facilities with sufficient contraceptive supplies* for providing safe abortion care *not defined in paper	(1) Abortion access & availability	Service availability	Number of facilities with sufficient contraceptive supplies for providing safe abortion	Total number of facilities assessed	health facility assessment	no	no	no	yes	no	no	no	(1) K. C. N. BASNETT, I. SHARMA, S. K. BHUSAL, C. L. PARAJULI, R. R. ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
205	Proportion of health facilities that offer safe induced abortion services for all legal indications	(1) Abortion access & availability	Service availability	Number of facilities offering safe abortion services	Total number of health facilities	health facility assessment	no	no	no	yes	no	no	no	(1) BARREIX, M., TUNCALP, O., MUTOMBO, N., ADEGBOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212. (2) ABDELLA, A., FITTERS, T., BENSON, J., PEARSON, E., GERREHIMOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. <i>Glob Public Health</i> , 8, 417-34. (3) ALEMAYEHU, T., OTSEA, K., GERREHIMOT, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipass, 2009.
206	Proportion of health facilities that provided early MA in the past year	(1) Abortion access & availability	Service availability	Number of facilities that provided early MA in the past year	Total number of facilities	Health facility census & health provider questionnaire	no	no	no	yes	no	no	no	(1) JONES, R. K., ZOLNA, M. R., HENSHAW, S. K. & FINER, L. B. 2008. Abortion in the United States: incidence and access to services, 2005. <i>Perspect Sex Reprod Health</i> , 40, 6-16.
207	Proportion of health facilities that use MVA procedure to manage abortion	(1) Abortion access & availability	Service availability	Number of facilities that use MVA to manage induced abortion	Total number of health facilities	health facility assessment	no	no	no	yes	no	no	no	(1) BARREIX, M., TUNCALP, O., MUTOMBO, N., ADEGBOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212.
208	Proportion of health providers who reported that their facilities offer late (>24 weeks) TOP for women whose pregnancies are affected by fetal anomaly	(1) Abortion access & availability	Service availability	Number of providers who reported that their facilities offer late (>24 weeks) TOP for women whose pregnancies are affected by fetal anomaly	Total number of maternal fetal medicine specialists interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
209	Proportion of health providers who reported that their facility does not provide late TOP services due to economic reasons	(1) Abortion access & availability	Service availability	Number of health providers who reported that their facility does not provide late TOP services due to economic reasons	Total number of health workers interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
210	Proportion of health providers who reported that their facility does not provide late TOP services due to lack of physicians skilled in performing late TOP	(1) Abortion access & availability	Service availability	Number of health providers who reported that their facility does not provide late TOP services due to lack of physicians skilled in performing late TOP	Total number of health workers interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
211	Proportion of population within [X]km of basic PAC services	(1) Abortion access & availability	Service availability	Number of female population with [X]km of basic PAC service within a geographically define area (e.g. ward)	Total number of female population within geographically defined area (e.g. ward)	Health facility assessment & census	no	no	no	yes	no	yes	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Wwaka B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897 (2) Campbell OMR, Aquino EML, Wwaka B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. <i>BMS Pregnancy and Childbirth</i> . 16:105.
212	Proportion of population within [X]km of basic TOP services	(1) Abortion access & availability	Service availability	Number of female population with 15km of basic PAC service within a geographically define area (e.g. ward)	Total number of female population within geographically defined area (e.g. ward)	Health facility assessment & census	no	no	no	yes	no	yes	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Wwaka B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897 (2) Campbell OMR, Aquino EML, Wwaka B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. <i>BMS Pregnancy and Childbirth</i> . 16:105.
213	Proportion of population within [X]km of comprehensive PAC services	(1) Abortion access & availability	Service availability	Number of female population with 15km of basic PAC service within a geographically define area (e.g. ward)	Total number of female population within geographically defined area (e.g. ward)	Health facility assessment & census	no	no	no	yes	no	yes	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Wwaka B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897 (2) Campbell OMR, Aquino EML, Wwaka B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. <i>BMS Pregnancy and Childbirth</i> . 16:105.
214	Proportion of population within [X]km of comprehensive TOP services	(1) Abortion access & availability	Service availability	Number of female population with 15km of basic PAC service within a geographically define area (e.g. ward)	Total number of female population within geographically defined area (e.g. ward)	Health facility assessment & census	no	no	no	yes	no	yes	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Wwaka B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897 (2) Campbell OMR, Aquino EML, Wwaka B, Gabrysch S. 2016. Signal functions for measuring the ability of health facilities to provide abortion services: an illustrative analysis using health facility census in Zambia. <i>BMS Pregnancy and Childbirth</i> . 16:105.
215	Proportion of population within [X]km of a facility that has provided PAC in last 12 months	(1) Abortion access & availability	Service availability	Number of female population with 15km of basic PAC service within a geographically define area (e.g. ward)	Total number of female population within geographically defined area (e.g. ward)	Health facility assessment & census	no	no	no	yes	no	yes	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Wwaka B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897
216	Proportion of population within [X]km of a facility that has provided TOP in last 12 months	(1) Abortion access & availability	Service availability	Number of female population with 15km of basic PAC service within a geographically define area (e.g. ward)	Total number of female population within geographically defined area (e.g. ward)	Health facility assessment & census	no	no	no	yes	no	yes	no	(1) Creswell JA, Owolabi OO, Chelwa N, Dennis ML, Gabrysch S, Wwaka B, Mbizo M, Filippi V, Campbell OMR. 2018. Does supportive legislation guarantee access to pregnancy termination and postabortion care services? Findings from a facility census in Central Province, Zambia. <i>BMJ Global Health</i> . 3:e000897
217	Proportion of service-delivery points that experienced a stock-out of any induced abortion methods during a given 3-month period	(1) Abortion access & availability	Service availability	Number of service-delivery points that experienced a stock-out of any induced abortion methods in past 3 months	Total number of service-delivery points	health facility assessment	no	no	no	yes	yes	no	no	(1) BARREIX, M., TUNCALP, O., MUTOMBO, N., ADEGBOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212.
218	Proportion of service-delivery points that experienced a stock-out of any induced abortion method during a given 3-month period	(1) Abortion access & availability	Service availability	Number of service-delivery points that experienced a stock-out of any induced abortion method in past 3 months	Total number of service-delivery points	health facility assessment	no	no	no	yes	yes	no	no	(1) BARREIX, M., TUNCALP, O., MUTOMBO, N., ADEGBOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212.
219	Proportion of service-delivery points that use the WHO-recommended methods for induced abortion	(1) Abortion access & availability	Service availability	Number of service-delivery points that use WHO recommended methods for induced abortion	Total number of service-delivery points	health facility assessment	no	no	no	yes	no	no	no	(1) WORLD HEALTH ORGANIZATION. 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization.
220	Proportion of service-delivery points that use the WHO-recommended methods for management of abortion complications	(1) Abortion access & availability	Service availability	Number of service-delivery points that use WHO recommended methods for management of abortion complications	Total number of service-delivery points	health facility assessment	no	no	no	yes	no	no	no	(1) WORLD HEALTH ORGANIZATION. 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization.

A	B	C	D	E	F	G	H	I	J	K	L	M	R
Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
221	Proportion of sub-national areas in a country that meet a minimum of 5 safe abortion care facilities (one of which must provide comprehensive care) per 500,000 population	(1) Abortion access & availability	Service availability	Number of sub-national areas which have at least 5 safe abortion care facilities (one of which provide comprehensive SAC) per 500,000 population	Number of sub-national areas	Aspirational description							(1) HEALY, J., OTSEA, K. & BENSON, J. 2008 Counting abortions so that abortion counts: Indicators for monitoring the availability and use of abortion care services. <i>International Journal of Gynaecology and Obstetrics</i> , 95, 209-220. (From IPAS website)
222	Abortion incidence risk (during period X)	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of abortions (x can = 100, 1000, 10000, or 100000)	per X pregnancies	health facility records, health information systems, population survey, service statistics	yes	no	no	no	yes	no	(1) JONES, R. K., ZOLNA, M. R., HENSHAW, S. K. & FINER, L. B. 2008. Abortion in the United States: incidence and access to services, 2005. <i>Perspect Sex Reprod Health</i> , 40, 6-16. (2) BEARAK, J., POPINCHALK, A., ALKEMA, L. & SEDGH, G. 2018. Global, regional, and subregional trends in unintended pregnancy and its outcomes from 1990 to 2014: estimates from a Bayesian hierarchical model. <i>Lancet Glob Health</i> , e, e360-e369. (3) FINER, L.B. and Kost, K., 2011. Unintended pregnancy rates at the state level. <i>Perspectives on Sexual and Reproductive Health</i> , 43(2), pp.78-87. (4) FINER, L.B. and Zolna, M.R., 2011. Unintended pregnancy in the United States: incidence and disparities, 2006. <i>Contraception</i> , 84(5), pp.478-485. (5) KADOBERA, D., WASWA, P., PETERSON, S., BLENCOWE, H., LAWN, J., KERBER, K. & TUMMESIYE, N. M. 2017. Comparing performance of methods used to identify pregnant women, pregnancy outcomes, and child mortality in the Iganga-Mayuge Health and Demographic Surveillance Site, Uganda. <i>Glob Health Action</i> , 10, 1356641. (6) SEDGH, G., BEARAK, J., SINGH, S., BANKOLE, A., POPINCHALK, A., GANATRA, B., ROSSIER, C., GERDTS, C., TUNCALP, O., JOHNSON, B. R., JR., JOHNSTON, H. B. & ALKEMA, L. 2016. Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends. <i>Lancet</i> , 388, 258-67. (7) JILOZIAN, A. & AGADJANIAN, V. 2016. Is Induced Abortion Really Declining in Armenia? <i>Stud Fam Plann</i> , 47, 163-78. (8) FINER, L. B. & ZOLNA, M. R. 2014. Shifts in intended and unintended pregnancies in the United States, 2001-2008. <i>Am J Public Health</i> , 104 Suppl 1, S43-8. (9) SEDGH, G., SINGH, S., SHAH, I. H., AHMAN, E., HENSHAW, S. K. & BANKOLE, A. 2012. Induced abortion: incidence and trends worldwide from 1995 to 2008. <i>Lancet</i> , 379, 625-32. (10) VICTORA, C. G., AQUINO, E. M., DO CARMO LEAL, M., MONTEIRO, C. A., BARROS, F. C. & SZWARCOWALD, C. L. 2011. Maternal and child health in Brazil: progress and challenges. <i>Lancet</i> , 377, 1853-76. (11) SEDGH, G., SINGH, S., HENSHAW, S. K. & BANKOLE, A. 2011. Legal abortion worldwide in 2008: levels and recent trends. <i>Perspect Sex Reprod Health</i> , 43, 198-99.
223	Abortion (prevalence) rate (during period X)	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of abortions reported	per 1,000 women of reproductive age OR 1,000 women-years	Health information system, national surveys, health facility records, service statistics	yes	no	no	no	yes	no	(1) DASTGIRI, S., YOOSEFAN, M., GARLANI, M. & KALANKESH, L. R. 2017. Induced Abortion: a Systematic Review and Meta-analysis. <i>Mater Socioecon</i> , 29, 56-67. (2) SEDGH, G., BEARAK, J., SINGH, S., BANKOLE, A., POPINCHALK, A., GANATRA, B., ROSSIER, C., GERDTS, C., TUNCALP, O., JOHNSON, B. R., JR., JOHNSTON, H. B. & ALKEMA, L. 2016. Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends. <i>Lancet</i> , 388, 258-67. (3) GEBREHIWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARAMA, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (4) MUMAH, J., KABIRU, C. W., MUKIRIA, C., BRINTON, J., MUTIJA, M., ZUGBARA, C., BRUNGOI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014. (5) MARTINS-MELO, F. R., LIMA MDA, S., ALENCAR, C. H., RAMOS, A. N., JR., CARVALHO, F. H., MACHADO, M. M. & HEUKELBACH, J. 2014. Temporal trends and spatial distribution of unsafe abortion in Brazil, 1996-2012. <i>Rev Saude Publica</i> , 48, 508-20. (6) BABA, S., GOTO, A. & REICH, M. R. 2014. Recent pregnancy trends among early adolescent girls in Japan. <i>J Obstet Gynaecol Res</i> , 40, 125-32. (7) SEDGH, G., BANKOLE, A., SINGH, S. & EILERS, M. 2013. Legal abortion levels and trends by woman's age at termination. <i>Perspect Sex Reprod Health</i> , 45, 19-22. (8) SEDGH, G., SINGH, S., SHAH, I. H., AHMAN, E., HENSHAW, S. K. & BANKOLE, A. 2012. Induced abortion: incidence and trends worldwide from 1995 to 2008. <i>Lancet</i> , 379, 625-32. (9) SEDGH, G., BANKOLE, A., SINGH, S. & EILERS, M. 2012. Legal abortion levels and trends by woman's age at termination. <i>Int Perspect Sex Reprod Health</i> , 38, 143-53. (10) HALDRE, K., PART, K. & KETTING, E. 2012. Youth sexual health improvement in Estonia, 1990-2009: the role of sexuality education and youth-friendly services. <i>Eur J Contracept Reprod Health Care</i> , 17, 351-62. (11) VICTORA, C. G., AQUINO, E. M., DO CARMO LEAL, M., MONTEIRO, C. A., BARROS, F. C. & SZWARCOWALD, C. L. 2011. Maternal and child health in Brazil: progress and challenges. <i>Lancet</i> , 377, 1853-76. (12) MUMAH, J., KABIRU, C. W., MUKIRIA, C., BRINTON, J., MUTIJA, M., ZUGBARA, C., BRUNGOI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014. (13) MACHADO, M. M. & HEUKELBACH, J. 2014. Temporal trends and spatial distribution of unsafe abortion in Brazil, 1996-2012. <i>Rev Saude Publica</i> , 48, 508-20. (14) BARRER, K., TUNCALP, O., MUTOBONG, N., ADEGBOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212. (15) LORENTE-MARRON, M., DIAZ-FERNANDEZ, M. & MENDEZ-RODRIGUEZ, P. 2016. Contextual determinants of induced abortion: a panel analysis. <i>Rev Saude Publica</i> , 50, 8. (16) BABA, S., GOTO, A. & REICH, M. R. 2014. Recent pregnancy trends among early adolescent girls in Japan. <i>J Obstet Gynaecol Res</i> , 40, 125-32. (17) GOOSEN, S., UITTENBROEK, D., WUSEN, C. & STRONKS, K. 2009. Induced abortions and teenage births among asylum seekers in The Netherlands: analysis of national surveillance data. <i>J Epidemiol Community Health</i> , 63, 526-33. (18) WORLD HEALTH ORGANIZATION. 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization.
224	Abortion ratio (during period X)	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of abortions	per X live births (x can = 100, 1000, 10000, or 100000)	health facility records, health information system, client exit interviews	yes	no	yes	no	no	no	(1) MUMAH, J., KABIRU, C. W., MUKIRIA, C., BRINTON, J., MUTIJA, M., ZUGBARA, C., BRUNGOI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014. (2) MARTINS-MELO, F. R., LIMA MDA, S., ALENCAR, C. H., RAMOS, A. N., JR., CARVALHO, F. H., MACHADO, M. M. & HEUKELBACH, J. 2014. Temporal trends and spatial distribution of unsafe abortion in Brazil, 1996-2012. <i>Rev Saude Publica</i> , 48, 508-20. (3) BARRER, K., TUNCALP, O., MUTOBONG, N., ADEGBOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212. (4) LORENTE-MARRON, M., DIAZ-FERNANDEZ, M. & MENDEZ-RODRIGUEZ, P. 2016. Contextual determinants of induced abortion: a panel analysis. <i>Rev Saude Publica</i> , 50, 8. (5) BABA, S., GOTO, A. & REICH, M. R. 2014. Recent pregnancy trends among early adolescent girls in Japan. <i>J Obstet Gynaecol Res</i> , 40, 125-32. (6) GOOSEN, S., UITTENBROEK, D., WUSEN, C. & STRONKS, K. 2009. Induced abortions and teenage births among asylum seekers in The Netherlands: analysis of national surveillance data. <i>J Epidemiol Community Health</i> , 63, 526-33. (7) WORLD HEALTH ORGANIZATION. 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization.
225	Induced abortion rate	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of induced abortions	1000 person-years	Population survey	no	no	no	no	yes	no	(1) GRANER, S., KLINGBERG-ALLVIN, M., PHUC, H. D., KRANTZ, G. & MOGREN, I. 2009. The panorama and outcomes of pregnancies within a well-defined population in rural Vietnam 1999-2004. <i>Int J Behav Med</i> , 16, 269-77.
226	Mean lifetime number of abortions per woman	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Total number of lifetime abortions reported	Total number of women	Cross-sectional survey	no	no	no	no	no	no	(1) JILOZIAN, A. & AGADJANIAN, V. 2016. Is Induced Abortion Really Declining in Armenia? <i>Stud Fam Plann</i> , 47, 163-78. (2) BARON-OFELSON, J., REYNOLDS, Z. & SPEIZER, I. S. 2010. Women's health in the Russian Federation.
227	Number of births averted per induced abortion (also called index of abortion)	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	TFR	(TFR + 0.4*(1+u))/TA	DHS	no	no	no	no	yes	no	(1) MAJUMDER, N. & RAM, F. 2015. Explaining the role of proximate determinants on fertility decline among poor and non-poor in Asian countries. <i>PLoS One</i> , 10, e0115441.
228	Proportion of individuals who reported experiencing an abortion in the past X years	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of individuals who reported experiencing an abortion in the past X years	Total population surveyed	Population survey	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. <i>BMC Health Serv Res</i> , 14, 227.

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Indicator	Category	Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator		
225	Proportion of sexual violence survivors who received an abortion	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of sexual violence survivors who received an abortion	Total number of sexual violence survivors	Retrospective review of GBV center records	yes	no	no	no	no	no	(1) SAHIN HODGULLIGIL, N. N., NGAFO, F., ORTEGA, J., NYIRAZNYOVE, L., NGOGA, E., DUSHIMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92.	
230	Proportion of women who reported ever having an abortion	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of women who reported ever having an abortion	Total number of women surveyed	Population survey	no	no	no	no	yes	no	(1) MOSESON, H., MASSAQUOI, M., DEHLENDORF, C., BAWO, L., DAHN, B., ZOLIA, Y., WITTINGHOFF, E., HART, R. A. & GERDTS, C. 2015. Reducing under-reporting of stigmatized health events using the List Experiment: results from a randomized, population-based study of abortion in Liberia. <i>Int J Epidemiol</i> , 44, 1951-8. (2) NASRULLAH, M., MUJAZZI, S., BHUTTA, Z. A. & RAJ, A. 2014. Girl child marriage and its effect on fertility in Pakistan: findings from Pakistan Demographic and Health Survey, 2006-2007. <i>Matern Child Health J</i> , 18, 534-43. (3) MUMAH, J., KASIRU, C. W., MUKIRIA, C., BRINTON, J., MUTUA, M., ZUGBARA, C., BIRLINGI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a county profile. Nairobi, Kenya. African Population and Health Research Center, 2014. (4) VICTORA, C. G., AQUINO, E. M., DO CARMO LEAL, M., MONTEIRO, C. A., BARROS, F. C. & SZWAROWALD, C. L. 2011. Maternal and child health in Brazil: progress and challenges. <i>Lancet</i> , 377, 1863-76. (5) Barden-O'Fallon, J., Reynolds, Z. and Speizer, I.S., 2010. Women's health in the Russian Federation: the Russia Longitudinal Monitoring Survey 2010. Chapel Hill: USAID. (6) Camargo, R.S., Santana, D.S., Cecatti, J.G., Pacagnella, R.C., Tedesco, R.P., Melo Jr, E.F. and Sousa, M.H., 2011. Severe maternal morbidity and factors associated with the occurrence of abortion in Brazil. <i>International Journal of Gynecology & Obstetrics</i> , 113(2), 98-99. (7) STANKOVIC, M., MILJKOVIC, S., GRBESA, G. & VISNJIC, A. 2009. General characteristics of adolescent sexual behaviour: national survey. <i>Srp Arh Celok Lek</i> , 137, 409-15. (8) PEDERSEN, W. 2008. Abortion and depression: a population-based longitudinal study of young women. <i>Scand J Public Health</i> , 36, 424-8.	
231	Proportion of women who reported having experienced x number of induced abortions in their lifetime	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of women who reported having experienced x number of induced abortions in their lifetime	Total number of women surveyed	Population survey	no	no	no	no	yes	no	(1) Barden-O'Fallon, J., Reynolds, Z. and Speizer, I.S., 2010. Women's health in the Russian Federation: the Russia Longitudinal Monitoring Survey 2010. Chapel Hill: USAID.	
232	Total abortion rate (number of abortions a woman would be expected to have over her lifetime at current age-specific abortion rates)	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	$\sum(\text{ASAR} \times 5)$ ASAR= age-specific abortion rate in 5-year age groups	1000	Health information system, national surveys	yes	no	no	no	yes	no	(1) SEDGH, G., BANKOLE, A., SINGH, S. & EILERS, M. 2013. Legal abortion levels and trends by woman's age at termination. <i>Interpacted Sex Reprod Health</i> , 45, 13-22. (2) SEDGH, G., BANKOLE, A., SINGH, S. & EILERS, M. 2012. Legal abortion levels and trends by woman's age at termination. <i>Interpacted Sex Reprod Health</i> , 38, 143-53. (3) Barden-O'Fallon, J., Reynolds, Z. and Speizer, I.S., 2010. Women's health in the Russian Federation: the Russia Longitudinal Monitoring Survey 2010. Chapel Hill: USAID.	
233	Unsafe abortion rate	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of unsafe abortions	Total number of women aged 15-44 year (or 15-49 years)	Aspirational description	no	no	no	no	no	no	(1) Guttmacher Institute. 2015. Sexual and Reproductive Health and Rights Indicators for the SDGs. Access on 19th August 2019 at: https://www.guttmacher.org/sites/default/files/report_pdf/srh-indicators-post-2015-recommendations.pdf	
234	Abortion-related hospitalization rate (per time period X)	(2) Abortion incidence & prevalence	Abortion incidence or prevalence in facilities	Number of abortion-related hospital admissions	Estimated number of abortions	health information system & global burden of disease study	yes	no	no	no	no	yes	no	(1) HIDER, P., WILSON, L., ROSE, J., WEISER, T. G., GRUEN, R. & BICKLER, S. W. 2015. The role of facility-based surgical services in addressing the national burden of disease in New Zealand: An index of surgical incidence based on country-specific disease prevalence. <i>Surgery</i> , 158, 44-54. (2) MARTINS-MELO, F. R., LIMA MDA, S., ALENCAR, C. H., RANOS, A. N., JR., GARVALHO, F. H.
235	Abortion-related surgery rate (for time period X)	(2) Abortion incidence & prevalence	Abortion incidence or prevalence in facilities	Number of abortion-related surgeries performed	Estimated number of abortions	health information system & global burden of disease study	yes	no	no	no	no	yes	no	(1) HIDER, P., WILSON, L., ROSE, J., WEISER, T. G., GRUEN, R. & BICKLER, S. W. 2015. The role of facility-based surgical services in addressing the national burden of disease in New Zealand: An index of surgical incidence based on country-specific disease prevalence. <i>Surgery</i> , 158, 44-54.
236	Hospitalization rate for unsafe abortion per 1000 women	(2) Abortion incidence & prevalence	Abortion incidence or prevalence in facilities	Number of hospitalizations for unsafe abortion	Number of women hospitalized	health facility records	yes	no	no	no	no	no	no	(1) WORLD HEALTH ORGANIZATION, 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization.
237	Proportion of abortions performed for PAC	(2) Abortion incidence & prevalence	Abortion incidence or prevalence in facilities	Number of abortions that were performed for PAC	Total number of abortions	Clinical records	yes	no	no	no	no	no	no	(1) BENSON, J., ANDERSEN, K., BRAHMI, D., HEALY, J., MARK, A., AJODE, A. & GRIFFIN, R. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50.
238	Proportion of hospital admissions to the ob/gyn unit that were due to abortion (during period X)	(2) Abortion incidence & prevalence	Abortion incidence or prevalence in facilities	Number of admissions due to abortion	Total number of admissions to the ob/gyn unit	health facility records	yes	no	no	no	no	no	no	(1) BARREK, M., TUNCALP, O., MUTOMBO, N., ADEGOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212. (2) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. <i>BMC Health Serv Res</i> , 15, 426. (3) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHWOT, Y., ANDERSEN, K., GEBRESELESSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. <i>Glob Public Health</i> , 8, 417-34. (4) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8. (5) SHARAN, M., AHMED, S., GEBREHWOT, M. & ROGO, K. 2011. The quality of the maternal health system in Ethiopia. <i>Int J Gynaecol Obstet</i> , 115, 244-50. (6) OTSEA, K., BENSON, J., ALEMAYEHU, T., PEARSON, E. & HEALY, J. 2011. Testing the Safe Abortion Care model in Ethiopia to monitor service availability, use, and quality. <i>Int J Gynaecol Obstet</i> , 115, 216-21. (7) ALEMAYEHU, T., OTSEA, K., GEBREMIKAEAL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipas, 2009. (8) KIM, M. K., LEE, S. M., BAE, S. H., KIM, H. J., LIM, N. G., YOON, S. J., LEE, J. Y. & JO, M. W. 2018. Socioeconomic status can affect pregnancy outcomes and complications, even with a universal healthcare system. <i>Int J Equity Health</i> , 17, 2. (9) WORLD HEALTH ORGANIZATION, 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization. (10) MEASURE EVALUATION. <i>Post-abortion Care</i> . Available from:

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
238	Annual number of abortion-related surgeries performed (during time period X)	(2) Abortion incidence & prevalence	Crude count	Number of abortion-related surgeries performed	n/a	health information system	yes	no	no	no	no	no	no	(1) HIDER, P., WILSON, L., ROSE, J., WEISER, T. G., GRUEN, R. & BICKLER, S. W. 2015. The role of facility-based surgical services in addressing the national burden of disease in New Zealand: An index of surgical incidence based on country-specific disease prevalence. <i>Surgery</i> , 158, 44-54.
240	Mean number of PAC clients served per facility type (per time period X)	(2) Abortion incidence & prevalence	Crude count	Number of PAC clients served per facility	n/a	Prospective facility-based study	no	yes	no	no	no	no	no	(1) KALLANI-PHIRL, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.
241	Number of abortion-related facility admissions (for time period X)	(2) Abortion incidence & prevalence	Crude count	Number of abortion-related facility admissions	n/a	Health information system, program service statistics; prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) LEAL, M. D. C., SZWARCOWALD, C. L., ALMEIDA, P. V. B., AQUINO, E. M. L., BARRETO, M. L., BARRIOS, F. & VICTORA, C. 2018. Reproductive, maternal, neonatal and child health in the 30 years since the creation of the United Health System (SUS). <i>Cien Saude Colet</i> , 23, 1915-1928. (2) CHUKWUMALU, K., GALLAGHER, M. C., BAUNACH, S. & CANNON, A. 2017. Uptake of postabortion care services and acceptance of postabortion contraception in Puntland, Somalia. <i>Reprod Health Matters</i> , 25, 48-57. (3) OWOLABI, O. O., CRESSWELL, J. A., VVWALKA, B., OSRIN, D. & FILIPPI V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (4) HIDER, P., WILSON, L., ROSE, J., WEISER, T. G., GRUEN, R. & BICKLER, S. W. 2015. The role of facility-based surgical services in addressing the national burden of disease in New Zealand: An index of surgical incidence based on country-specific disease prevalence. <i>Surgery</i> , 158, 44-54. (5) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. <i>BMC Health Serv Res</i> , 14, 227.
242	Number of abortions performed (during time period X)	(2) Abortion incidence & prevalence	Crude count	Number of abortions performed	n/a	Health information system, national surveys, health facility records, service statistics	yes	no	no	no	no	yes	no	(1) SEDGH, G., BEARAK, J., SINGH, S., BANKOLE, A., POPINCHALK, A., GANATRA, B., ROSSIER, C., GERDTS, C., TUNCALP, O., JOHNSON, B. R., JR., JOHNSTON, H. B. & ALKEMER, L. 2016. Abortion incidence between 1990 and 2014: global, regional, and subregional levels and trends. <i>Lancet</i> , 388, 258-67. (2) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (3) MUMAH, J., KABIRU, C. W., MUKIRIA, C., BRINTON, J., MUTUA, M., ZUGBARA, C., BIRUNGI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya. African Population and Health Research Center, 2014. (4) MARTINS-MELO, F. R., LIMA-MOTA, S., ALENCAR, C. H., RAMOS, A. N., JR., CARVALHO, F. H., MACHADO, M. M. & HEUKELBACH, J. 2014. Temporal trends and spatial distribution of unsafe abortion in Brazil, 1996-2012. <i>Rev Saude Publica</i> , 48, 508-20. (5) BABA, S., GOTO, A. & REICH, M. R. 2014. Recent pregnancy trends among early adolescent girls in Japan. <i>J Obstet Gynaecol Res</i> , 40, 125-32. (6) SEDGH, G., SINGH, S., SHAH, I. H., AHMAN, E., HENSHAW, S. K. & BANKOLE, A. 2012. Induced abortion: incidence and trends worldwide from 1985 to 2008. <i>Lancet</i> , 379, 625-32. (7) Centre for Disease Control and Prevention. 2017. Abortion Surveillance - United States, 2014. <i>Morbidity and Mortality Weekly Report</i> , 66, 24. (8) Department of Health. 2016. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
243	Number of abortions which involved selective terminations (i.e. reducing two fetuses to one fetus) (during time period X)	(2) Abortion incidence & prevalence	Crude count	Number of abortions which involved selective terminations	n/a	Health information system	yes	no	no	no	no	no	no	(1) Department of Health. 2016. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
244	Number of women seeking PAC in a health facility (during period X)	(2) Abortion incidence & prevalence	Crude count	Number of PAC cases in health facilities	n/a	Prospective morbidity study	no	yes	no	no	no	no	no	(1) KALLANI-PHIRL, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.
245	Mean bispectral index (BIS) (measure for level of sedation/analgesia)	(3) Abortion care	Abortion procedure	Sum of BIS for all abortion clients	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
246	Mean dilation and evacuation score	(3) Abortion care	Abortion procedure	Mean proportion of items performed satisfactorily on checklist of 21 dilation & evacuation steps	n/a	Provider observation	no	no	no	no	no	no	yes	(1) YORK, S. L., MCGAGHIE, W. C., KILEY, J. & HAMMOND, C. 2016. Implementation and evaluation of a dilation and evacuation simulation training curriculum. <i>Contraception</i> , 93, 545-50.
247	Mean gestational age of women requesting an abortion (weeks or days)	(3) Abortion care	Abortion procedure	Sum of estimated gestational age for all abortion clients	Total number of abortion clients	Clinical records, prospective facility-based study	yes	yes	no	no	no	no	no	(1) JOHNSON, B. R., JR., MAKSHUTOVA, E., BOBOEKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRATEVA, Y., LANDOLISI, S., LAZDANE, G., MONOLBAEV, K. & SEUQ JO, A. H. 2018. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166. (2) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763. (3) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
248	Mean surgical skills score	(3) Abortion care	Abortion procedure	Mean score surgical skills score	n/a	Provider observation	no	no	no	no	no	no	yes	(1) YORK, S. L., MCGAGHIE, W. C., KILEY, J. & HAMMOND, C. 2016. Implementation and evaluation of a dilation and evacuation simulation training curriculum. <i>Contraception</i> , 93, 545-50.
249	Mean time taken to perform abortion procedure	(3) Abortion care	Abortion procedure	Sum of time taken to perform procedure for all abortion clients	Total number of abortion clients	Retrospective review of clinical records; prospective facility-based study	yes	yes	no	no	no	no	no	(1) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763. (2) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
251	Proportion of abortion clients that received any pain management	(3) Abortion care	Abortion procedure	Number of abortion clients that received pain management	Total number of abortion clients	Prospective morbidity study; retrospective review of clinical records, client exit interviews	yes	yes	yes	no	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282. (2) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763. (3) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37. (4) ANDERSEN, K., GANATRA, B., STUCKE, S., BAGNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
252	Proportion of abortion clients that received pain medication/analgesics	(3) Abortion care	Abortion procedure	Number of abortion clients that received pain management	Total number of abortion clients	Prospective morbidity study; retrospective review of clinical records, client exit interviews	yes	yes	yes	no	no	no	no	(1) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (2) ZIRABA, A. K., IZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMED, S. F., EGESA, C. & KIMANMURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34. (3) KALILANI-PHIRL, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4. (4) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (5) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
253	Proportion of abortion clients that required additional fentanyl	(3) Abortion care	Abortion procedure	Number of women that required additional propofol	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
254	Proportion of abortion clients that required additional propofol	(3) Abortion care	Abortion procedure	Number of women that required additional propofol	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
255	Proportion of abortion clients that required supplemental oxygen	(3) Abortion care	Abortion procedure	Number of women that required supplemental oxygen	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
256	Proportion of abortion clients who received [x] dose of nurse-assisted procedural sedation	(3) Abortion care	Abortion procedure	Number of women who received [x] dose of nurse-assisted procedural sedation	Total number of abortion clients	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763.
257	Proportion of abortion clients who received a cervical block prior to the procedure	(3) Abortion care	Abortion procedure	Number of abortion clients who received a cervical block prior to the procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
258	Proportion of abortion clients who received fentanyl prior to the procedure	(3) Abortion care	Abortion procedure	Number of abortion clients who received fentanyl prior to the procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.

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2	Proportion of abortion clients who received N20 anesthesia prior to the procedure	(3) Abortion care	Abortion procedure	Number of abortion clients who received N20 anesthesia prior to the procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
243	Proportion of abortion clients who were offered chlamydia screening	(3) Abortion care	Abortion procedure	Number of women having abortions who were offered chlamydia screening	Total number of abortion clients	Health information system	yes	no	no	no	no	no	no	(1) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
244	Proportion of PAC clients that received STI/HIV/AIDS services during a given visit	(3) Abortion care	Post-abortion care	Number of PAC clients that received STI/HIV/AIDS services during a given visit	Total number of abortion clients	National program records and private and NGO records	yes	no	no	no	no	no	no	(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
245	Proportion of PAC patients at risk of HIV/STI referred for testing and counselling	(3) Abortion care	Post-abortion care	Number of PAC patients at risk of HIV/STI referred for testing and counselling	Total number of abortion clients	Aspirational description								(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
246	Number of PAC clients who were referred to other (non HIV/STI) reproductive health services	(3) Abortion care	Post-abortion care	Number of PAC clients who were referred to other (non HIV/STI) reproductive health services	Total number of abortion clients	Aspirational description								(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
247	Proportion of PAC clients who were referred to other (non HIV/STI) reproductive health services	(3) Abortion care	Post-abortion care	Number of PAC clients who were referred to other (non HIV/STI) reproductive health services	Total number of abortion clients	Aspirational description								(1) Escanddon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
248	Proportion of abortion clients whose gestational age was determined using [x] method	(3) Abortion care	Abortion procedure	Number of women whose gestational age was determined using [x] method	Total number of abortion clients	Client exit interviews; clinical records	yes	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
249	Proportion of abortion clients whose pregnancies were verified before the procedure	(3) Abortion care	Abortion procedure	Number of women who reported that their pregnancies were verified before their abortion procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
250	Proportion of abortion clients with continued pregnancy that received abortion care	(3) Abortion care	Abortion procedure	Number of women that received abortion care	Total number of abortion clients who were pregnant at follow-up	Community-based provider logbooks	yes	no	no	no	no	no	no	(1) FOSTER, A. M., ARNOTT, G. & HOBSTETTER, M. 2017. Community-based distribution of misoprostol for early abortion: evaluation of a program along the Thailand-Burma border. <i>Contraception</i> , 96, 242-247.
251	Proportion of illegal abortions induced with [x] unsafe method	(3) Abortion care	Abortion procedure	Number of abortions induced with [x] unsafe method s=vaginal suppository; oral Thai herbal medicine, combined medication, instrumental manipulation, oral medication, combined instrument and medication, injectable drug	Total number of illegal abortions	health facility records	yes	no	no	no	no	no	no	(1) PHAUMVICHIT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songkla Center Hospital. <i>J Med Assoc Thai</i> , 95, 625-9.
252	Proportion of MA clients given [x] MA drug regimen	(3) Abortion care	Abortion procedure	Number of women given [x] MA drug regimen	Total number of medication abortion clients	Client exit interviews; clinical records	yes	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
253	Proportion of MA clients that had an hCG test performed during a follow-up visit	(3) Abortion care	Abortion procedure	Number of MA clients that had an hCG test performed during follow-up visit	Total number of MA clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) HASSOUN, D., PERIN, L., HIEN, H. & DEMARS, H. H. 2016. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynaecol Reprod Biol</i> , 197, 174-8.
254	Proportion of MA clients that had an ultrasound performed during a follow-up visit	(3) Abortion care	Abortion procedure	Number of MA clients that had an ultrasound performed during follow-up visit	Total number of MA clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) HASSOUN, D., PERIN, L., HIEN, H. & DEMARS, H. H. 2016. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynaecol Reprod Biol</i> , 197, 174-8.
255	Proportion of MA clients that were administered MA in accordance with national recommendations	(3) Abortion care	Abortion procedure	Number of MA clients that were administered MA in accordance with national recommendations	Total number of MA clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) HASSOUN, D., PERIN, L., HIEN, H. & DEMARS, H. H. 2016. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynaecol Reprod Biol</i> , 197, 174-8.
256	Proportion of MA clients that were provided with a contact number to call in case of complications	(3) Abortion care	Abortion procedure	Number of MA users who were provided with a contact number to call in case of complications	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
257	Proportion of MA clients that were provided with information about the signs of complications	(3) Abortion care	Abortion procedure	Number of MA users who were provided with information about the signs of complications	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
272	Proportion of MA clients that were told where to go in case of complications	(3) Abortion care	Abortion procedure	Number of MA users that were told where to go in case of complications	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
273	Proportion of MA clients who received more than one dose of misoprostol	(3) Abortion care	Abortion procedure	Number of women who received more than one dose of misoprostol	Total number of MA clients	clinical records	yes	no	no	no	no	no	no	(1) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
274	Proportion of MA clients who took miso [vaginally/orally]	(3) Abortion care	Abortion procedure	Number of women who took miso [vaginally/orally]	Total number of MA clients	health facility records	yes	no	no	no	no	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI, R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
275	Proportion of MA clients who waited [x] amount of time between administering mifepristone and misoprostol	(3) Abortion care	Abortion procedure	Number of MA clients who waited [x] amount of time between administering mifepristone and misoprostol	Total number of abortion clients	health facility records	yes	no	no	no	no	no	no	(1) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
276	Proportion of MA clients who were administered misoprostol [at home/in health facility]	(3) Abortion care	Abortion procedure	Number of women who were administered misoprostol [at home/in health facility]	Total number of MA clients	Client exit interviews; clinical records	yes	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (2) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI, R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
277	Proportion of MA clients who were followed-up [in person/by telephone]	(3) Abortion care	Abortion procedure	Number of women who were followed-up [in person/by telephone]	Total number of MA clients	health facility records	yes	no	no	no	no	no	no	(1) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI, R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
278	Proportion of MA clients who were offered home support during their abortion	(3) Abortion care	Abortion procedure	Number of MA clients who were offered home support during their abortion	Total number of MA clients	Web survey of MA users	no	no	no	no	no	no	yes	(1) CAVET, S., FIALA, C., SCENAMA, A. & PARTOUCHE, H. 2017. Assessment of pain during medical abortion with home use of misoprostol. <i>Eur J Contracept Reprod Health Care</i> , 22, 207-211.
279	Proportion of MA clients who were unsure if their pregnancy was successfully expelled	(3) Abortion care	Abortion procedure	Number of MA clients who were unsure if their pregnancy was successfully expelled	Total number of MA users	clinical records	yes	no	no	no	no	no	no	(1) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
280	Proportion of MA prescriptions given with an effective dosage	(3) Abortion care	Abortion procedure	Number of pharmacy visits during which an MA prescription was given with an effective dosage	Total number of pharmacy visits with MA prescription reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.
281	Proportion of MA prescriptions given with counseling on adverse side effects	(3) Abortion care	Abortion procedure	Number of pharmacy visits during which an MA prescription was given with counseling on adverse side effects	Total number of pharmacy visits with MA prescription reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.
282	Proportion of MA prescriptions given with counseling on danger signs	(3) Abortion care	Abortion procedure	Number of pharmacy visits during which an MA prescription was given with counseling on danger signs	Total number of pharmacy visits with MA prescription reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.
283	Proportion of MA prescriptions given with counseling on where to go in case of complications	(3) Abortion care	Abortion procedure	Number of pharmacy visits during which an MA prescription was given with counseling on where to go in case of complications	Total number of pharmacy visits with MA prescription reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.
284	Proportion of MA prescriptions given with suggestion to administer [orally only/vaginally/orally]	(3) Abortion care	Abortion procedure	Number of pharmacy visits during which an MA prescription was given with suggestion to administer [orally only/vaginally/orally]	Total number of pharmacy visits with MA prescription reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.
285	Proportion of non-adopters of post-abortion contraception clients that did not accept a method for [x] reason	(3) Abortion care	Abortion procedure	Number of abortion clients that did not adopt a contraception method for [x] reason	Total number of abortion clients who did not adopt post-abortion contraception	Client exit interviews	no	no	yes	no	no	no	no	(1) BISWAS, K. K., PEARSON, E., SHAMIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37.
286	Proportion of uterine evacuations performed with appropriate technology	(3) Abortion care	Abortion procedure	Number of uterine evacuation procedures performed with appropriate technology	Total number of uterine evacuation procedures performed	health facility records	yes	no	no	no	no	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. <i>BMC Health Serv Res</i> , 15, 426. (2) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHIMOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. <i>Clob Public Health</i> , 8, 417-34. (3) MUTUA, M. M., ACHIA, T. N. O., MAINA, B. W. & ZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282. (4) OTSEA, K., BENSON, J., ALEMAYEHU, T., PEARSON, E. & HEALY, J. 2011. Testing the Safe Abortion Care model in Ethiopia to monitor service availability, use, and quality. <i>Int J Gynaecol Obstet</i> , 115, 316-21. (5) ALEMAYEHU, T., OTSEA, K., GEBREMIKHAEL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chape Hill, North Carolina, Ipass, 2009. (6) HEALY, J., OTSEA, K. & BENSON, J. 2009. Counting abortions so that abortion counts: Indicators for monitoring the availability and use of abortion care services. <i>International Journal of Gynaecology and Obstetrics</i> , 95, 209-220. (From IPAS website)
287	Proportion of women who received cervical priming prior to their MVA	(3) Abortion care	Abortion procedure	Number of women on whom cervical priming was performed prior to MVA	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATHA, B., STUCKE, S., BASNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
288	Proportion of women who sought clinical care at [x] number of days since self-medication with abortion pills	(3) Abortion care	Abortion procedure	Number of women who sought clinical care at [x] number of days since self-medication with abortion pills	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NIVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, C001-4.

A	B	C	D	E	F	G	H	I	J	K	L	M	N	
Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator	
293	Proportion of women who were administered prophylactic antibiotics	(3) Abortion care	Abortion procedure	Number of women who were administered prophylactic antibiotics	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (1) NVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, C001-4.	
294	Proportion of women who were managed with [x] method after self-medication with abortion pills	(3) Abortion care	Abortion procedure	Number of women who were managed with [x] method (e.g. MA only, MA with tranexams, surgical evacuation only, surgical with transfusion)	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (1) NVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, C001-4.	
295	Concentration index for proportion of abortions conducted by a skilled provider	(3) Abortion care	Accessibility & equity	Measure of equity in coverage of skilled providers among abortion users		DHS	no	no	no	no	no	yes	no	(1) DINGLE, A., POWELL-JACKSON, T. & GOODMAN, C. 2013. A decade of improvements in equity of access to reproductive and maternal health services in Cambodia, 2000-2010. <i>Int J Equity Health</i> , 12, 51.
296	Proportion of abortion clients that waited [x] amount of time to be seen by a provider	(3) Abortion care	Accessibility & equity	Number of abortion clients that waited [x] amount of time to be seen by a provider	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37.
297	Proportion of abortion clients who received [patient/supervisor] care	(3) Abortion care	Accessibility & equity	Number of abortion clients who received [patient/supervisor] care	Total number of abortion clients	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) PRATA, N., BELL, S. & GESSSESSEW, A. 2013. Comprehensive abortion care: evidence of improvements in hospital-level indicators in Tigray, Ethiopia. <i>BMJ Open</i> , 3.
298	Proportion of abortion clients who reported receiving an abortion in [x] location	(3) Abortion care	Accessibility & equity	Number of women who reported receiving an abortion in [x] location	Total number of abortion clients	Cross-sectional survey	no	no	no	no	no	yes	no	(1) BARDEN-OFALLON, J., REYNOLDS, Z. & SPAZAR, L.S. 2010. Women's health in the Russian Federation: the Russia Longitudinal Monitoring Survey 2010. Chapel Hill: USAID. (2) NYLADLE, L., EDMONDS, J. & PEARSON, E. 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp.140-148.
299	Proportion of abortion clients who were referred to abortion services by [x] source	(3) Abortion care	Accessibility & equity	Number of women who reported being referred to abortion services from [x] source (doctor/midwife/health center, partner/friend/relative, radio/TV/internet/other, self)	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (2) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULI, R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
300	Proportion of abortion-related adverse events treated at a location other than the original site of abortion care	(3) Abortion care	Accessibility & equity	Number of abortion-related adverse events treated at a location other than the original site of abortion care	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
301	Proportion of abortion-related adverse events treated at an emergency department or hospital	(3) Abortion care	Accessibility & equity	Number of abortion-related adverse events treated at an emergency department or hospital	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
302	Proportion of abortion-related adverse events treated at the original site of abortion care	(3) Abortion care	Accessibility & equity	Number of abortion-related adverse events treated at the original site of abortion care	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
303	Proportion of abortions conducted by a skilled provider	(3) Abortion care	Accessibility & equity	Number of abortions that were provided by a doctor, nurse, midwife, or other mid-level provider	Total number of abortions	Population survey	no	no	no	no	yes	no	no	(1) DINGLE, A., POWELL-JACKSON, T. & GOODMAN, C. 2013. A decade of improvements in equity of access to reproductive and maternal health services in Cambodia, 2000-2010. <i>Int J Equity Health</i> , 12, 51.
304	Proportion of abortions provided by [X] type of provider	(3) Abortion care	Accessibility & equity	Number of abortions that were provided by [X] type of provider	Total number of abortions	Client exit interviews, retrospective review of clinical records, population survey	yes	no	yes	no	no	no	no	(1) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37. (2) MINKOBAHE, L., MARY-TSONGA, S., OBIANG, P. A., KOMBA, O. M., ELLA, J. M., MEYE, J. F. & FAUNDES, A. 2018. Transient reduction in abortion-related lethality after interventions to reduce delays in provision of care at Centre Hospitalier de Libreville, Gabon. <i>Int J Gynaecol Obstet</i> . (3) GERSEHWOY, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int J Perspect Sex Reprod Health</i> , 42, 121-130. (4) BANERJEE, S. K., ANDERSEN, K. L., BAIRO, T. L., GANATRA, B., BATRA, S. & WARGADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. <i>BMC Health Serv Res</i> , 14, 227. (5) PHAUMWICHIT, T. & CHANDEERING, V. 2012. Comparison of condition specific indicators among three different abortion service and non-abortion service in Bangkok. <i>Asian J Med Assoc Thai</i> , 95.
305	Proportion of facility-based abortions that were provided in [facility type]	(3) Abortion care	Accessibility & equity	Number of facility-based abortions that were provided in [facility type]	Total number of facility-based abortions	Abortion provider census; clinical records; prospective morbidity study; client exit interviews	yes	yes	yes	no	no	no	no	(1) MOKOTEDI, M., MOTYANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0186297. (2) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 657-64. (1) MELESE, T., HABTE, D., TSIMA, B. M., MOGBOBE, K. D., CHABAESELE, K., RANKOGANE, G., KEAKABETSE, T. R., MASVEU, M., MOKOTEDI, M., MOTYANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0186297.
306	Proportion of PAC clients by referral status	(3) Abortion care	Accessibility & equity	Number of PAC clients who first came to hospital/were referred from another facility/elsewhere	Total number of PAC clients	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MUMAH, J., KABIRU, C. W., MUKIRIA, C., BRINTON, J., MUTUA, J., MUTUA, M., ZUGBARA, C., BIRUNGI, H. & ASKREW, I. 2014. Unmet need for reproductive health services in Kenya: a county profile. Nairobi, Kenya. African Population and Health Research Center, 2014.
307	Proportion of PAC clients that waited more than a week from the onset of complications to seek care	(3) Abortion care	Accessibility & equity	Number of PAC clients that waited more than a week from the onset of complications to seek care	Total number of PAC clients	health facility records & client exit interviews?	yes	no	yes	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & FINTO, E. S. J. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
308	Proportion of PAC clients who experienced delays in care	(3) Abortion care	Accessibility & equity	Number of PAC clients who experienced delays in care	Total number of PAC clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & FINTO, E. S. J. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
297	Proportion of women seeking abortion services who receive safe abortion/menstrual regulation	(3) Abortion care	Accessibility & equity	Number of women who received safe abortion or menstrual regulation	Total number of abortion clients	health facility records	yes	no	no	no	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. BMC Health Serv Res, 15, 426. (2) PRATA, N., BELL, S. & GESSESSEW, A. 2013. Comprehensive abortion care: evidence of improvements in hospital-level indicators in Tigray, Ethiopia. BMJ Open, 3.
298	Proportion of women with frustrated demand for [abortion method]	(3) Abortion care	Accessibility & equity	Number of women who would have preferred to use [abortion method] but instead received/were schedule to receive other method	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-CATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. Am J Public Health, 106, 857-64.
299	Number of abortion-related services provided	(3) Abortion care	Facility/location characteristics	Number of abortion related services provided	n/a	Health facility survey, health facility records	yes	no	no	no	no	no	(1) International Planned Parenthood Federation. 2009. Putting the IPPF Monitoring and Evaluation Policy into Practice. Accessed on 14th August 2019 from: https://www.ippf.org/sites/default/files/ippfmonitoringevaluationhandbook.pdf (2) PRATA, N., BELL, S. & GESSESSEW, A. 2013. Comprehensive abortion care: evidence of improvements in hospital-level indicators in Tigray, Ethiopia. BMJ Open, 3.
300	Number of PAC programs that meaningfully involve members of vulnerable or underserved populations in the design of programs	(3) Abortion care	Facility/location characteristics	Number of PAC programs that meaningfully involve members of vulnerable or underserved populations in the design of programs	n/a	Program records, interviews with program staff, and interviews with members of vulnerable or underserved populations participating in the assessment and program design	no	no	no	no	yes	yes	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
310	Proportion of facilities that reported always giving abortion clients information about the advantages and disadvantages of each FP method	(3) Abortion care	Facility/location characteristics	Number of facilities that reported always giving abortion clients information about the advantages and disadvantages of each FP method	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. Int J Gynaecol Obstet, 138, 276-282.
311	Proportion of facilities that reported always giving abortion clients information about what to do in case of FP method failure or forgetting to take oral contraceptive pills	(3) Abortion care	Facility/location characteristics	Number of facilities that reported always giving abortion clients information about what to do in case of FP method failure or forgetting to take oral contraceptive pills	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. Int J Gynaecol Obstet, 138, 276-282.
312	Proportion of facilities that reported always giving abortion clients information on available FP methods	(3) Abortion care	Facility/location characteristics	Number of facilities that reported always giving abortion clients information on available FP methods	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. Int J Gynaecol Obstet, 138, 276-282.
313	Proportion of facilities that reported always giving abortion clients instruction on the correct use of FP methods	(3) Abortion care	Facility/location characteristics	Number of facilities that reported always giving abortion clients instruction on the correct use of FP methods	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. Int J Gynaecol Obstet, 138, 276-282.
314	Proportion of facilities that reported always providing post-abortion contraception counseling	(3) Abortion care	Facility/location characteristics	Number of facilities that reported always providing post-abortion contraception counseling	Total number of abortion-providing facilities	Health facility survey	no	no	no	yes	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. Int J Gynaecol Obstet, 138, 276-282.
315	Proportion of service delivery points providing postabortion care services that meet a defined standard of quality	(3) Abortion care	Facility/location characteristics	Number of service delivery points that meet a defined standard of quality	Total number of facilities surveyed	services statistics, provider interviews, and health facility assessments*	yes	no	no	yes	yes	no	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) MEASURE EVALUATION. Postabortion Care. Available from: https://www.measureevaluation.org/iphri/indicators/womens-health/pac . Accessed on: 15th August 2019 (3) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
316	In sites where emergency treatment is not available, the number of women triaged and referred for PAC emergency treatment in the past year	(3) Abortion care	Management of post-abortion complications	Number of women who presented to a lower level facility and were triaged, and referred for PAC emergency treatment in the past year	n/a	Special studies or facilities records providing triage, stabilization, treatment and/or referral*	yes	yes	no	no	no	no	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
317	Proportion of abortion clients referred for additional treatment	(3) Abortion care	Management of post-abortion complications	Number of abortion clients referred for additional treatment	Total number of abortion clients who reported experiencing a side effect or complication before discharge	Prospective study of abortion clients	no	yes	no	no	no	no	(1) SAHIN HODGOLLU, N. N., NOBBO, F., ORTEGA, J., NYIRAZINYOBE, L., NOGA, E., DUSHMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. Afr J Reprod Health, 21, 82-92. (2) ZIRABA, A. K., IZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMED, S. F., EGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. BMC Pregnancy Childbirth, 15.
318	Proportion of abortion clients that presented for PAC services	(3) Abortion care	Management of post-abortion complications	Number of abortion clients that presented for PAC services	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. Reprod Health, 14, 37. (2) PRATA, N., BELL, S. & GESSESSEW, A. 2013. Comprehensive abortion care: evidence of improvements in hospital-level indicators in Tigray, Ethiopia. BMJ Open, 3.
319	Proportion of abortion clients that received any blood transfusion	(3) Abortion care	Management of post-abortion complications	Number of women that received any blood transfusion	Total number of abortion clients	Retrospective review of clinical records; prospective facility-based study	yes	yes	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHARAENSELE, K., RANKIONNE, G., KEKARATSE, T. F., MASWEL, M., MOKOTEDI, M., MOTANA, M. & MOREIRINSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. PLoS One, 12, e0168287. (2) ZIRABA, A. K., IZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M.
320	Proportion of abortion clients that returned to clinic for an unscheduled visit	(3) Abortion care	Management of post-abortion complications	Number of abortion clients that returned to clinic for an unscheduled visit	Total number of abortion clients	Clinical records	yes	no	no	no	no	no	(1) JOHNSON, B. R., JR., MAKUTOVA, E., BOBEKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRATEVA, Y., LANDOLLI, S., LAZDANE, G., MONOLBAEV, K. & SEUC, J. O. A. H. 2018. Provision of medical abortion by mid-level healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. Contraception, 97, 160-166.

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
321	Proportion of abortion clients who received treatment for their side effects or complications before discharge	(3) Abortion care	Management of post-abortion complications	Number of abortion clients who received treatment for their side effect or complication before discharge	Total number of abortion clients who reported experiencing a side-effect or complication before discharge	Prospective study of abortion clients	no	yes	no	no	no	no	(1) SAHIN HODOGLUGIL, N. N., NGAO, F., ORTEGA, J., NYIRAZNYOYE, L., NGOGA, E., DUSHIMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92.
322	Proportion of abortion-related adverse events that received surgical treatment	(3) Abortion care	Management of post-abortion complications	Number of abortion-related adverse events that received surgical treatment	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
323	Proportion of abortion-related adverse events that were resolved	(3) Abortion care	Management of post-abortion complications	Number of abortion-related adverse events that were resolved	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
324	Proportion of abortion-related adverse events treated with blood transfusion	(3) Abortion care	Management of post-abortion complications	Number of abortion-related adverse events that were treated with blood transfusion	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
325	Proportion of abortion-related adverse events treated with IV medications	(3) Abortion care	Management of post-abortion complications	Number of abortion-related adverse events that were treated with IV medications	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
326	Proportion of abortion-related adverse events treated with non-IV medications	(3) Abortion care	Management of post-abortion complications	Number of abortion-related adverse events that were treated with non-IV medications	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
327	Proportion of abortion-related adverse events treated with respiration	(3) Abortion care	Management of post-abortion complications	Number of abortion-related adverse events that were treated with respiration	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
328	Proportion of abortion-related adverse events treated with repeat abortion	(3) Abortion care	Management of post-abortion complications	Number of abortion-related adverse events that were treated with a repeat abortion	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
329	Proportion of hospital admissions to the ob/gyn unit that presented after abortion	(3) Abortion care	Management of post-abortion complications	Number of admissions that presented after abortion	Total number of admissions to the ob/gyn unit	prospective morbidity study	no	yes	no	no	no	no	(1) RANA, A., BARAL, G. & DANGAL, G. 2013. Maternal near-miss: a multicenter surveillance in Kathmandu Valley. <i>JNMA J Nepal Med Assoc</i> , 52, 299-304.
330	Proportion of inpatient (admitted >24hrs) PAC admissions that were admitted to the ICU	(3) Abortion care	Management of post-abortion complications	Number of inpatient PAC cases admitted to the ICU	Total number of inpatient PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
331	Proportion of PAC admissions for which a bruise or laceration of the cervix/vagina was discovered	(3) Abortion care	Management of post-abortion complications	Number of women for whom a bruise or laceration of the cervix/vagina was discovered	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
332	Proportion of PAC admissions for which a foreign body was found in the vagina	(3) Abortion care	Management of post-abortion complications	Number of women for whom a foreign body was found in the vagina	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287. (2) GEBREHWHOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARANA, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130.
333	Proportion of PAC admissions for which a tablet was found in the vagina	(3) Abortion care	Management of post-abortion complications	Number of women for whom a tablet was found in the vagina	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
334	Proportion of PAC admissions that absconded from the health facility	(3) Abortion care	Management of post-abortion complications	Number of women that absconded from the health facility	Total number of PAC admissions	prospective facility-based study	no	yes	no	no	no	no	(1) ZIRABA, A. K., ZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMMED, S. F., GEGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34.
335	Proportion of PAC admissions that did not require an evacuation procedure	(3) Abortion care	Management of post-abortion complications	Number of PAC clients that did not require an evacuation procedure	Total number of PAC clients	Program service statistics	yes	no	no	no	no	no	(1) CHURKUMALLU, K., GALLAGHER, M. C., BAUNACH, S. & CANNON, A. 2017. Uptake of postabortion care services and acceptance of postabortion contraception in Puntland, Somalia. <i>Reprod Health Matters</i> , 25, 48-57.
336	Proportion of PAC admissions that presented at the facility 3 or more days after onset of bleeding	(3) Abortion care	Management of post-abortion complications	Number of women who presented for PAC 3+ days after onset of bleeding	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
337	Proportion of PAC admissions that received a massive blood transfusion	(3) Abortion care	Management of post-abortion complications	Number of women that received a massive blood transfusion	Total number of PAC admissions	Prospective facility-based study, retrospective review of clinical records	yes	yes	no	no	no	no	(1) OWOLABI, O. G., CRESSWELL, J. A., WUALKA, B., OSIRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174.
338	Proportion of PAC admissions that presented at the facility 3 or more days after arrival at the facility	(3) Abortion care	Management of post-abortion complications	Number of women that received a uterine evacuation within 24 hours of presenting for PAC	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
340	Proportion of PAC admissions that required inpatient care (admitted >24 hrs)	(3) Abortion care	Management of post-abortion complications	Number of women that stayed in the facility >24 hours for PAC	Total number of PAC admissions	Retrospective review of clinical records; prospective facility-based study	yes	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
341	Proportion of PAC admissions that stayed in the hospital for 12-24 hours	(3) Abortion care	Management of post-abortion complications	Number of women that stayed in the facility 12-24 hours	Total number of PAC admissions	prospective facility-based study	no	yes	no	no	no	no	no	(1) ZIRABA, A. K., ZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMED, S. F., EGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34.
342	Proportion of PAC admissions that stayed in the hospital for more than 12 hours	(3) Abortion care	Management of post-abortion complications	Number of women that stayed in the facility more than 12 hours	Total number of PAC admissions	prospective facility-based study	no	yes	no	no	no	no	no	(1) ZIRABA, A. K., ZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMED, S. F., EGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34.
343	Proportion of PAC admissions treated with bowel surgery	(3) Abortion care	Management of post-abortion complications	Number of women treated with bowel surgery	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
344	Proportion of PAC admissions treated with curettage	(3) Abortion care	Management of post-abortion complications	Number of women treated with curettage	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
345	Proportion of PAC admissions treated with hysterectomy	(3) Abortion care	Management of post-abortion complications	Number of women treated with hysterectomy	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
346	Proportion of PAC admissions treated with laparotomy	(3) Abortion care	Management of post-abortion complications	Number of women treated with laparotomy	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
347	Proportion of PAC admissions treated with misoprostol	(3) Abortion care	Management of post-abortion complications	Number of women treated with misoprostol	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
348	Proportion of PAC admissions treated with oxytocin	(3) Abortion care	Management of post-abortion complications	Number of women treated with oxytocin	Total number of PAC admissions	Retrospective review of clinical records; prospective facility-based study	yes	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287. (2) ZIRABA, A. K., ZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMED, S. F., EGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34. (3) SANTANA, D. S., CECATTI, J. G., PAPPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
349	Proportion of PAC admissions treated with prostaglandin	(3) Abortion care	Management of post-abortion complications	Number of women treated with prostaglandin	Total number of PAC admissions	prospective facility-based study	no	yes	no	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PAPPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
350	Proportion of PAC admissions treated with surgical or medical uterine evacuation	(3) Abortion care	Management of post-abortion complications	Number of women treated with surgical or medical uterine evacuation	Total number of PAC admissions	Retrospective review of clinical records; client exit interviews; provider interviews	yes	no	yes	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
351	Proportion of PAC admissions treated with vacuum aspiration	(3) Abortion care	Management of post-abortion complications	Number of women treated with vacuum aspiration	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
352	Proportion of PAC cases that received MVA or electric aspiration	(3) Abortion care	Management of post-abortion complications	Number of PAC cases that received MVA or electric aspiration	Total number of PAC cases	Prospective study of PAC clients	no	yes	no	no	no	no	no	(1) ZIRABA, A. K., ZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMED, S. F., EGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34.
353	Proportion of PAC clients given a modern method of contraception upon discharge (by type)	(3) Abortion care	Management of post-abortion complications	Number of PAC clients that were given a modern method of contraception upon discharge	Total number of PAC clients	Prospective morbidity study	no	yes	no	no	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & ZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
354	Proportion of PAC clients that presented during [4] trimester of pregnancy	(3) Abortion care	Management of post-abortion complications	Number of abortion-related morbidity admissions that presented during [first/second/third] trimester	Total number of women admitted for abortion-related morbidity	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWCLABI, O. O., CRESSWELL, J. A., VWALKA, B., OSIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) MANANDHAR, S., EL AYADI, A. M., BUTTRICK, E., HOSANG, R. & MILLER, S. 2015. The Role of the Nonparametric Antibiotic Gammat in Reducing Blood Loss and Morbidity Associated with Post-Abortion Hemorrhage. <i>Stud Fam Plan</i> , 46, 281-96. (3) KALLANI-PHILLI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANG'AI, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 129, 160.
355	Proportion of PAC clients that received antibiotics	(3) Abortion care	Management of post-abortion complications	Number of PAC clients that received antibiotics	Total number of PAC clients	Prospective morbidity study; retrospective review of clinical records; client exit interviews	yes	yes	yes	yes	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & ZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282. (2) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017.
356	Proportion of PAC clients that received IV fluids	(3) Abortion care	Management of post-abortion complications	Number of PAC clients that received IV fluids	Total number of PAC clients	prospective facility-based study	no	yes	no	no	no	no	no	(1) ZIRABA, A. K., ZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMED, S. F., EGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
352	Proportion of PAC clients that received uterotonics	(3) Abortion care	Management of post-abortion complications	Number of women that received uterotonics	Total number of PAC admissions	Prospective morbidity study	no	yes	no	no	no	no	no	(1) MANANDHAR, S., EL AYADI, A. M., BUTTRICK, E., HOSANG, R. & MILLER, S. 2015. The Role of the Nonpneumatic Antishock Garment in Reducing Blood Loss and Mortality Associated with Post-Abortion Hemorrhage. <i>Stud Fam Plann</i> , 46, 281-96.
353	Proportion of PAC clients that were discharged	(3) Abortion care	Management of post-abortion complications	Number of PAC clients that were discharged	Total number of PAC clients	prospective facility-based study	no	yes	no	no	no	no	no	(1) ZIRABA, A. K., IZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMED, S. F., EGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15.
354	Proportion of women receiving PAC who receive pain medication prior to the uterine evacuation procedure	(3) Abortion care	Management of post-abortion complications	Number of women who received pain medication prior to uterine evacuation procedure	Total number of women receiving postabortion care services	Aspirational description								(1) MEASURE EVALUATION. Postabortion Care. Available from: https://www.measureevaluation.org/prhivn/indicators/womens-health/pac . Accessed on: 15th August 2019
355	Proportion of women whose pregnancies ended in abortion that received mechanical ventilation	(3) Abortion care	Management of post-abortion complications	Number of women who received mechanical ventilation	Total number of women whose pregnancies ended in abortion	Population survey	no	no	no	no	no	yes	no	(1) Camargo, R.S., Santana, D.S., Cecatti, J.G., Pacagnella, R.C., Tedesco, R.P., Melo Jr, E.F. and Sousa, M.H., 2011. Severe maternal morbidity and factors associated with the occurrence of abortion in Brazil. <i>International Journal of Gynecology & Obstetrics</i> , 112(2), pp.88-92.
356	Proportion of women whose pregnancies ended in abortion that were transferred between facilities	(3) Abortion care	Management of post-abortion complications	Number of women who transferred between facilities	Total number of women whose pregnancies ended in abortion	Population survey	no	no	no	no	no	yes	no	(1) Camargo, R.S., Santana, D.S., Cecatti, J.G., Pacagnella, R.C., Tedesco, R.P., Melo Jr, E.F. and Sousa, M.H., 2011. Severe maternal morbidity and factors associated with the occurrence of abortion in Brazil. <i>International Journal of Gynecology & Obstetrics</i> , 112(2), pp.88-92.
357	Proportion of women with RPOC who underwent re-evacuation	(3) Abortion care	Management of post-abortion complications	Number of women who underwent re-evacuation	Total number of women with RPOC	Client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
358	Proportion of women with uterine atony who were treated with oxytocin/methergin	(3) Abortion care	Management of post-abortion complications	Number of women who were treated with oxytocin/methergin	Total number of women with uterine atony	Client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
359	Proportion of abortion-related adverse events that were not resolved with treatment	(3) Abortion care	Management of post-abortion complications	Number of abortion-related adverse events that were not resolved with treatment	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
360	Mean length of stay from abortion procedure to discharge	(3) Abortion care	Post-abortion care	Sum of reported length of stay from abortion procedure to discharge	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
361	Proportion of abortion clients that require a stay of [X] nights in hospital	(3) Abortion care	Post-abortion care	Total number of abortion clients that stay [X] nights in hospital after abortion procedure	Total number of abortion clients	Health Information system	no	no	no	no	no	no	no	(1) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortion_statistics_England_Wales_2016.pdf
362	Mean number of [type of] FP methods offered to PAC clients	(3) Abortion care	Post-abortion care	Sum of total number of methods offered to each client	Total number of PAC clients	Prospective morbidity study	no	yes	no	no	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MANA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.
363	Mean number of days between MA administration and follow-up visit	(3) Abortion care	Post-abortion care	Sum of number of days reportedly elapsed between MA administration and follow-up visit	Total number of MA clients	Prospective facility-based study, clinical records	yes	yes	no	no	no	no	no	(1) HASSOUN, D., PERIN, L., HIEN, H. & DEMARS, H. H. 2016. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynecol Reprod Biol</i> , 197, 174-8. (2) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
364	Number of times in [X] period of time during which PAC clients reported being neglected, denied care or verbally abused	(3) Abortion care	Post-abortion care	Number of times in X period of time during which PAC clients reported being neglected, denied care or verbally abused	n/a	Aspirational description								(1) Escandon & Tsuyuki. 2006. Indicators for the Essential Elements of Postabortion Care. <i>EngenderHealth</i> .
365	Proportion of abortion clients that adopted post-abortion contraception	(3) Abortion care	Post-abortion care	Number of abortion clients that adopted post-abortion contraception	Total number of abortion clients	Clinical records; Prospective study of abortion clients; service statistics; client exit interviews; population survey	yes	yes	yes	no	no	yes	no	(1) JOHNSON, B. R., JR., MAKSHUTOVA, E., BOBEKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRIATEVA, Y., LANDOLFI, S., LAZDANE, G., MCNOLDBEV, K. & SEUC JO, A. H. 2016. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166. (2) BENSON, J., ANDERSEN, K., BRAHMI, D., HEALY, J., MARK, A., AJODE, A. & CRIFFIN, R. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50. (3) SAHIN HODDOLGULE, N. N., NGABO, F., ORTEGA, J., NYIRAZINYOYE, L., NOOGA, E., DUSHIMETZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92. (4) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAHESELE, K., RANKOANO, G., KEKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service Is Not Legalized. <i>PLoS One</i> , 12, e0166297. (5) CHUKWUMALLU, K., GALLAGHER, M. C., BAUNACH, S. & CANNON, A. 2017. Uptake of postabortion care services and acceptance of postabortion contraception in Purtiland, Somalia. <i>Reprod Health Matters</i> .
366	Proportion of abortion clients that received a contraceptive method OR referral to another facility for post-abortion contraceptive services	(3) Abortion care	Post-abortion care	Number of abortion clients that received a contraceptive method OR referral to another facility for post-abortion contraceptive services	Total number of abortion clients	health facility records	yes	no	yes	no	no	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. <i>BMC Health Serv Res</i> , 15, 426. (2) HEALY, J., OTSEA, K. & BENSON, J. 2016. Counting abortions so that abortion counts: Indicators for monitoring the availability and use of abortion care services. <i>International Journal of Gynaecology and Obstetrics</i> , 95, 209-220. (From IPAS website)
367	Proportion of abortion clients that received a referral to another facility (or service delivery area) for contraceptive services	(3) Abortion care	Post-abortion care	Number of abortion clients that received a referral to another facility for post-abortion contraceptive services	Total number of abortion clients	health facility records	yes	no	no	no	no	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. <i>BMC Health Serv Res</i> , 15, 426.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
372	Proportion of abortion clients that received post-abortion contraceptive counseling	(3) Abortion care	Post-abortion care	Number of abortion clients that received post-abortion contraceptive counseling	Total number of abortion clients	Prospective study of abortion clients, program service statistics, client exit interviews	yes	yes	yes	no	no	no	no	(1) SAHIN HODOGLUGIL, N. N., NGABO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHIMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92. (2) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAEBESELE, K., RANKGOANE, G., KEARABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREHI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Services Is Not Legalized. <i>PLoS One</i> , 12, e0166287. (3) CHUKWUMALLU, K., GALLAGHER, M. C., BAUNACH, S. & CANNON, A. 2017. Uptake of postabortion care services and acceptance of postabortion contraception in Purtiland, Somalia. <i>Reprod Health Matters</i> , 25, 48-57. (4) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37. (5) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (6) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (7) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (8) MEASURE EVALUATION. Postabortion Care. Available from: https://www.measureevaluation.org/prh/indicators/womens-health/pac . Accessed on: 15th August 2019
372	Proportion of abortion clients who reported discontinuing a contraceptive method within [X] months after the abortion	(3) Abortion care	Post-abortion care	Number of women who discontinued a contraceptive method within [X] months of their abortion	Total number of abortion clients	Population survey	no	no	no	no	no	yes	no	(1) PADMADAS, S. S., LYONS-AMOS, M. & THAPA, S. 2014. Contraceptive behavior among women after abortion in Nepal. <i>Int J Gynaecol Obstet</i> , 127, 132-7.
372	Proportion of abortion clients who reported initiating a contraceptive method within [X] months after the abortion	(3) Abortion care	Post-abortion care	Number of women who initiated a contraceptive method within [X] months of their abortion	Total number of abortion clients	Population survey	no	no	no	no	no	yes	no	(1) PADMADAS, S. S., LYONS-AMOS, M. & THAPA, S. 2014. Contraceptive behavior among women after abortion in Nepal. <i>Int J Gynaecol Obstet</i> , 127, 132-7. (2) KEENAN, K., GRUNDY, E., KENWARD, M. G. & LEON, D. A. 2014. Women's risk of repeat abortions is strongly associated with alcohol consumption: a longitudinal analysis of a Russian national panel study, 1994-2009. <i>PLoS One</i> , 9, e90356.
372	Proportion of MA clients who did not adopt post-abortion contraception but wanted to	(3) Abortion care	Post-abortion care	Number of MA users who wanted to adopt post-abortion contraception	Total number of MA clients who did not adopt post-abortion contraception	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
372	Proportion of MA clients who reported using the contact number provided to call for help	(3) Abortion care	Post-abortion care	Number of MA clients who reported using the contact number provided to call for help	Total number of MA clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
372	Proportion of MA clients who returned for their follow-up visit	(3) Abortion care	Post-abortion care	Number of MA clients who returned for their follow-up visit	Total number of MA clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
372	Proportion of MA clients who sought help from a health provider after their procedure	(3) Abortion care	Post-abortion care	Number of MA clients who sought help from a health provider after their procedure	Total number of MA clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
372	Proportion of MA clients whose MA outcome was assessed using [X] method	(3) Abortion care	Post-abortion care	Number of MA clients whose MA outcome was assessed using [X] method x= pregnancy test at home/clinic, ultrasound at clinic	Total number of MA clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
380	Proportion of PAC clients that were offered a barrier method of contraception	(3) Abortion care	Post-abortion care	Number of PAC clients that were offered a barrier method of contraception	Total number of PAC clients	Prospective morbidity study	no	yes	no	no	no	no	no	(1) MUTUA, M. M., ACHIA, T. N. O., MAINA, B. W. & IZUGBARA, C. O. 2017. A cross-sectional analysis of Kenyan postabortion care services using a nationally representative sample. <i>Int J Gynaecol Obstet</i> , 138, 276-282.

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
381	Proportion of PAC patients who received family planning counselling	(3) Abortion care	Post-abortion care	Number of PAC patients that receive family planning counselling that includes at least the following information: pregnancy can occur immediately; use of contraceptive method can delay a subsequent pregnancy if the women wishes a method, and location where she can obtain a method	Total number of PAC clients	Special studies or service statistics from health facilities providing triage, stabilization, treatment and/or referral	yes	yes	no	no	no	no	no	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
382	Proportion of PAC clients that were referred for a family planning method prior to leaving the facility	(3) Abortion care	Post-abortion care	Number of PAC clients that were referred for a family planning method prior to leaving the facility	Total number of PAC clients	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
383	Number of PAC clients who were referred for a family planning method outside of the PAC service delivery area	(3) Abortion care	Post-abortion care	Number of PAC clients who were referred for a family planning method outside of the PAC service delivery area	n/a	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
384	Proportion of PAC clients who were referred for a family planning method outside of the PAC service delivery area	(3) Abortion care	Post-abortion care	Number of PAC clients who were referred for a family planning method outside of the PAC service delivery area	Total number of PAC clients	Special studies or service statistics from health facilities providing triage, stabilization, treatment and/or referral	yes	yes	no	no	no	no	no	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
385	Proportion of PAC patients who wish to receive a contraceptive method before discharge and who receive key information	(3) Abortion care	Post-abortion care	Number of PAC patients who wish to receive a contraceptive method before discharge and who receive key information: assessment of the woman's personal situation; contraceptive options; method use; side effects of the method selected; and resupply options	Number of PAC patients who wish to receive a contraceptive method	Aspirational description								(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
386	Proportion of PAC patients who received family planning prior to departure from a facility	(3) Abortion care	Post-abortion care	Number of PAC patients who received family planning prior to departure from a facility	Total number of PAC patients	Special studies or service statistics from health facilities providing triage, stabilization, treatment and/or referral	yes	yes	no	no	no	no	no	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) MEASURE EVALUATION. Postabortion Care. Available from: https://www.measureevaluation.org/pr/hh_indicators/womens-health/pac . Accessed on: 15th August 2019 (3) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
387	Proportion of women who stayed in the health facility for [x] amount of time after self-medication with abortion pills	(3) Abortion care	Post-abortion care		Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. J Clin Diagn Res, 9, C001-4.
388	Proportion of abortion clients who received follow-up care after experiencing a complication	(3) Abortion care	Management of post-abortion complications	Number of abortion clients that received follow-up care after experiencing a complication	Total number of abortion clients	Population survey	no	no	no	no	no	yes	no	(1) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. International perspectives on sexual and reproductive health, pp.140-148.
389	Proportion of abortion clients that received a surgical method of abortion (MVA or curettage)	(3) Abortion care	Type of abortion	Number of abortion clients that received a surgical method of abortion (MVA or curettage)	Total number of abortion clients	Client exit interviews, clinical records, population survey, health information system	yes	no	yes	no	no	yes	no	(1) BONFILL, X., ROQUE, M., ALLER, M. B., OSORIO, D., FORADADA, C., VIVES, A. & RIGAU, D. 2013. Development of quality of care indicators from systematic reviews: the case of hospital delivery. Implement Sci, 8, 42. (2) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. International perspectives on sexual and reproductive health, pp.140-148. (3) LJUNG, R., DANIELSSON, M. & LINDAM, A. 2009. Medication abortion as a quality indicator for regional comparisons in Sweden. Am J Public Health, 99, 197-8. (4) Department of Health. 2016. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortion_stats_England_Wales_2016.pdf
390	Proportion of abortion-related morbidity admissions for whom an abortion attempt was reported or detected	(3) Abortion care	Type of abortion	Number of women for whom an abortion attempt was reported or detected	Total number of women admitted for abortion-related morbidity	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWCLABI, O. G., CRESSWELL, J. A., WVALIKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. Contraception, 95, 167-174.
391	Proportion of abortions conducted using traditional methods	(3) Abortion care	Type of abortion	Number of abortions conducted using traditional methods	Total number of abortions	Population survey, client exit interviews	no	no	yes	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
327	Proportion of abortions that received dilatation & curettage	(3) Abortion care	Type of abortion	Number of abortions that received curettage	Total number of abortions	Clinical records, client exit interviews, population survey, health information system	yes	no	yes	no	yes	no	(1) MNKOBAME, U., MAYI-TSONGA, S., OBIANG, P. A., KOMBA, O. M., ELLA, J. M., MEYE, J. F. & FAUNDES, A. 2018. Transient reduction in abortion-related lethality after interventions to reduce delays in provision of care at Centre Hospitalier de Libreville, Gabon. <i>Int J Gynaecol Obstet</i> . (2) BENSON, J., ANDERSEN, K., BRAHMI, D., HEALY, J., MARK, A., AJODE, A. & GRIFFIN, R. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50. (3) SAMIN HODOGULLU, N. N., NGAFO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHIMEYEU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92. (4) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37. (5) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (6) ZIRABA, A. K., IZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMED, S. F., EGESA, C. & KIMANI MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34. (7) KALLANI-PHILLI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAULDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4. (8) MUMAH, J., KABIRU, C. W., MUKIRA, C., BRINTON, J., MUTUA, M., IZUGBARA, C., BIRUNGLI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014. (9) BANERJEE, S. K., ANDERSEN, K. L., BARRO, T. C., GANATRA, B., BATRA, S. & WAWARDEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in India. <i>PLoS ONE</i> , 9, e101111.
328	Proportion of abortions that received electric aspiration	(3) Abortion care	Type of abortion	Number of abortions that received electric aspiration	Total number of abortions	Clinical records	yes	no	no	no	no	no	(1) MNKOBAME, U., MAYI-TSONGA, S., OBIANG, P. A., KOMBA, O. M., ELLA, J. M., MEYE, J. F. & FAUNDES, A. 2018. Transient reduction in abortion-related lethality after interventions to reduce delays in provision of care at Centre Hospitalier de Libreville, Gabon. <i>Int J Gynaecol Obstet</i> . (2) BENSON, J., ANDERSEN, K., BRAHMI, D., HEALY, J., MARK, A., AJODE, A. & GRIFFIN, R. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50. (3) MUMAH, J., KABIRU, C. W., MUKIRA, C., BRINTON, J., MUTUA, M., IZUGBARA, C., BIRUNGLI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014.
329	Proportion of abortions that received MA	(3) Abortion care	Type of abortion	Number of abortions that received MA	Total number of abortions	Clinical records, client exit interviews, population survey, health information system	yes	no	yes	no	yes	no	(1) JOHNSON, B. R., JR., MAKUTOVA, E., BOBOKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRAITEVA, Y., LANDOLISI, S., LAZDANE, G., MONCLABEV, K. & SEUC, J. O. A. H. 2016. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166. (2) BENSON, J., ANDERSEN, K., BRAHMI, D., HEALY, J., MARK, A., AJODE, A. & GRIFFIN, R. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50. (3) SAMIN HODOGULLU, N. N., NGAFO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHIMEYEU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92. (4) BARREK, M. T., TUNCALP, O., MUTOMBO, N., ADEGOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212. (5) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (6) KALLANI-PHILLI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAULDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4. (7) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 327-33. (8) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service user attitudes associated with the uptake of medical versus surgical abortion at public facilities in Vietnam. <i>PLoS ONE</i> , 9, e101111.
330	Proportion of abortions that received more than one method of termination	(3) Abortion care	Type of abortion	Number of abortions that received more than one method of termination	Total number of abortions	Retrospective review of clinical records; prospective study of abortion clients	yes	yes	no	no	no	no	(1) SAMIN HODOGULLU, N. N., NGAFO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHIMEYEU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92.
331	Proportion of abortions that received MVA	(3) Abortion care	Type of abortion	Number of abortions that received MVA	Total number of abortions	Retrospective review of clinical records; prospective study of abortion clients; client exit interviews; population survey; health information system	yes	yes	yes	no	yes	no	(1) MNKOBAME, U., MAYI-TSONGA, S., OBIANG, P. A., KOMBA, O. M., ELLA, J. M., MEYE, J. F. & FAUNDES, A. 2018. Transient reduction in abortion-related lethality after interventions to reduce delays in provision of care at Centre Hospitalier de Libreville, Gabon. <i>Int J Gynaecol Obstet</i> . (2) JOHNSON, B. R., JR., MAKUTOVA, E., BOBOKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRAITEVA, Y., LANDOLISI, S., LAZDANE, G., MONCLABEV, K. & SEUC, J. O. A. H. 2016. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166. (3) BENSON, J., ANDERSEN, K., BRAHMI, D., HEALY, J., MARK, A., AJODE, A. & GRIFFIN, R. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50. (4) DEPARTMENT OF HEALTH. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
332	Proportions of abortions over 22 weeks that were performed by a mother whereby the fetal heart is stopped as part of the procedure	(3) Abortion care	Type of abortion	Number of abortions over 22 weeks that were performed by a mother whereby the fetal heart is stopped as part of the procedure	Total number of abortions	Health information system	yes	no	no	no	no	no	(1) DEPARTMENT OF HEALTH. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
333	Proportions of abortions over 22 weeks that were preceded by a feticide	(3) Abortion care	Type of abortion	Number of abortions over 22 weeks that were preceded by a feticide	Total number of abortions	Health information system	yes	no	no	no	no	no	(1) DEPARTMENT OF HEALTH. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Indicator	Category	Type of abortion	Numerator	Denominator	Data source(s) used	Data source: Facility records/HMS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
400	Proportion of abortions that were induced/received TOP services	(3) Abortion care	Type of abortion	Number of abortions that were induced/received TOP services	Total number of abortions	Clinical records, mortality information system & interviews, client exit interviews	yes	no	yes	no	no	no	(2) BENSON, J., ANDERSEN, K., BRAHMI, D., HEALY, J., MARK, A., AJODE, A. & GRIFFIN, R. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50. (3) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAELSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287. (4) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-pilot evaluation. <i>Reprod Health</i> , 14, 37. (5) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHIWOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. <i>Glob Public Health</i> , 8, 417-34. (6) OTSEA, K., BENSON, J., ALEMAYEHU, T., PEARSON, E. & HEALY, J. 2011. Testing the Safe Abortion Care model in Ethiopia to monitor service availability, use, and quality. <i>Int J Gynaecol Obstet</i> , 115, 216-21. (7) variation of indicator in: HEALY, J., OTSEA, K. & BENSON, J. 2006. Counting abortions so that abortion counts: Indicators for monitoring the availability and use of abortion care services. <i>International Journal of Gynaecology and Obstetrics</i> , 95, 209-220. (From IPAS website)
401	Proportion of abortions that were provided during the (first/second) trimester of a woman's pregnancy	(3) Abortion care	Type of abortion	Number of abortions that were performed during the (first/second) trimester	Total number of abortion clients	Clinical records, prospective cohort study	yes	yes	no	no	no	no	(1) BENSON, J., ANDERSEN, K., BRAHMI, D., HEALY, J., MARK, A., AJODE, A. & GRIFFIN, R. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50. (3) GEBREHIWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HAILEMARIAM, M., DIBABA, A. & ANDERSEN, K. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50.
402	Proportion of abortions that were self-induced	(3) Abortion care	Type of abortion	Number of abortions that were self-induced	Total number of abortion clients	Clinical records, client exit interviews, population survey	yes	no	yes	no	no	yes	(1) BENSON, J., ANDERSEN, K., BRAHMI, D., HEALY, J., MARK, A., AJODE, A. & GRIFFIN, R. 2018. What contraception do women use after abortion? An analysis of 319,385 cases from eight countries. <i>Glob Public Health</i> , 13, 35-50. (2) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAELSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287. (3) GERTDS, C., FUENTES, L., GROSSMANN, D., WHITE, K., KEEFE-CATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64. (4) NINEDIA, T. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, C021-4. (5) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (6) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. <i>BMC Health Serv Res</i> , 14, 227. (7) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8. (8) PHALUMWICHT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among legal induced abortion, septic and non-septic abortion in Songklanagar Hospital. <i>J Med Assoc Thai</i> , 95, 625-9. (9) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp.140-148.
403	Proportion of abortions that were unsafe (or safe)	(3) Abortion care	Type of abortion	Number of abortions that were either (a) performed by an unskilled provider and/or (b) performed in a unsanitary setting	Total number of abortions	Population survey	no	no	no	no	no	yes	(1) Soussa, A., Lozano, R. and Gakidou, E., 2009. Exploring the determinants of unsafe abortion: improving the evidence base in Mexico. <i>Health Policy and Planning</i> , 25(4), pp.300-310. (2) ALBAMWICHT, T., OTSEA, K., GEBREMICHAEL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Improving the evidence base in Mexico. <i>Health Policy and Planning</i> , 25(4), pp.300-310.
404	Proportion of abortions/PAC cases that were spontaneous	(3) Abortion care	Type of abortion	Number of abortions that were spontaneous	Total number of abortions	Clinical records, mortality information system & interviews, prospective facility-based study	yes	yes	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAELSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287. (2) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
405	Proportion of PAC clients admitted following a blighted ovum	(3) Abortion care	Type of abortion	Number of PAC clients admitted following a blighted ovum	Total number of PAC clients	Retrospective review of clinical records	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAELSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
406	Proportion of PAC clients admitted following a complete abortion	(3) Abortion care	Type of abortion	Number of PAC clients admitted following a complete abortion	Total number of PAC clients	Prospective morbidity study	no	yes	no	no	no	no	(1) KALILANI-PHILLI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
406	Proportion of PAC clients admitted following a missed abortion	(3) Abortion care	Type of abortion	Number of PAC clients admitted following a missed abortion	Total number of PAC clients	Retrospective review of clinical records, prospective morbidity study	yes	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service Is Not Legalized. <i>PLoS One</i> , 12, e0166287.
407	Proportion of PAC clients admitted following a septic abortion	(3) Abortion care	Type of abortion	Number of PAC clients admitted following a septic abortion	Total number of PAC clients	Prospective morbidity study	no	yes	no	no	no	no	no	(1) KALLANI-PHIRI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.
410	Proportion of PAC clients admitted following an incomplete abortion	(3) Abortion care	Type of abortion	Number of PAC clients admitted following an incomplete abortion	Total number of PAC clients	Retrospective review of clinical records, prospective morbidity study	yes	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service Is Not Legalized. <i>PLoS One</i> , 12, e0166287. (2) KALLANI-PHIRI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.
411	Proportion of PAC clients admitted following an inevitable abortion	(3) Abortion care	Type of abortion	Number of PAC clients admitted following an inevitable abortion	Total number of PAC clients	Retrospective review of clinical records, prospective morbidity study	yes	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service Is Not Legalized. <i>PLoS One</i> , 12, e0166287. (2) KALLANI-PHIRI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.
412	Proportion of PAC clients who had a safe/unsafe abortion	(3) Abortion care	Type of abortion	Number of women who had a safe/unsafe abortion	Total number of PAC clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PAPPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & FINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J</i>
413	Mean client satisfaction score (overall)	(3) Abortion care	Women's satisfaction	Sum of client satisfaction scores	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) MOSSIE CHEKOL, B., ABERA ABDI, D. & ANDUALEM ADAL, T. 2016. Dimensions of patient satisfaction with comprehensive abortion care in Addis Ababa, Ethiopia. <i>Reprod Health</i> , 13, 144.
414	Mean client satisfaction with information score	(3) Abortion care	Women's satisfaction	Sum of client satisfaction with information scores	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) MOSSIE CHEKOL, B., ABERA ABDI, D. & ANDUALEM ADAL, T. 2016. Dimensions of patient satisfaction with comprehensive abortion care in Addis Ababa, Ethiopia. <i>Reprod Health</i> , 13, 144.
415	Mean client satisfaction with physical environment score	(3) Abortion care	Women's satisfaction	Sum of client satisfaction with physical environment scores	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) MOSSIE CHEKOL, B., ABERA ABDI, D. & ANDUALEM ADAL, T. 2016. Dimensions of patient satisfaction with comprehensive abortion care in Addis Ababa, Ethiopia. <i>Reprod Health</i> , 13, 144.
416	Mean client satisfaction with privacy and confidentiality score	(3) Abortion care	Women's satisfaction	Sum of client satisfaction with privacy & confidentiality scores	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) MOSSIE CHEKOL, B., ABERA ABDI, D. & ANDUALEM ADAL, T. 2016. Dimensions of patient satisfaction with comprehensive abortion care in Addis Ababa, Ethiopia. <i>Reprod Health</i> , 13, 144.
417	Mean client satisfaction with quality of care score	(3) Abortion care	Women's satisfaction	Sum of client satisfaction with quality of care scores	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) MOSSIE CHEKOL, B., ABERA ABDI, D. & ANDUALEM ADAL, T. 2016. Dimensions of patient satisfaction with comprehensive abortion care in Addis Ababa, Ethiopia. <i>Reprod Health</i> , 13, 144.
418	Mean client satisfaction with respectful care score	(3) Abortion care	Women's satisfaction	Sum of client satisfaction with respectful care scores	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) MOSSIE CHEKOL, B., ABERA ABDI, D. & ANDUALEM ADAL, T. 2016. Dimensions of patient satisfaction with comprehensive abortion care in Addis Ababa, Ethiopia. <i>Reprod Health</i> , 13, 144.
419	Mean provider communication score	(3) Abortion care	Women's satisfaction	Sum of provider communication scores for all abortion clients	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37.
420	Proportion of abortion clients satisfied with the amount of privacy they experienced during procedure	(3) Abortion care	Women's satisfaction	Number of abortion clients that were satisfied with the amount of privacy they experienced during the procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37. (2) REGM, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
421	Proportion of abortion clients satisfied with the amount of time spent waiting for procedure	(3) Abortion care	Women's satisfaction	Number of abortion clients that were satisfied with the amount of time spent waiting for procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37.

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
420	Proportion of abortion clients satisfied with their experience	(3) Abortion care	Women's satisfaction	Number of women who reported being satisfied with their abortion procedure	Total number of abortion clients	Exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6. (2) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
421	Proportion of abortion clients that felt the procedure was convenient	(3) Abortion care	Women's satisfaction	Number of abortion clients that felt the procedure was convenient	Total number of abortion clients	Self-administered client exit questionnaire	no	no	yes	no	no	no	no	(1) JOHNSON, B. R., JR., MAKSUTOVA, E., BOBOEKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRATEVA, Y., LANDOULSI, S., LAZDANE, G., MONOLBAEV, K. & SEUC JO, A. H. 2018. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166.
422	Proportion of abortion clients that felt the procedure was clearly explained	(3) Abortion care	Women's satisfaction	Number of abortion clients that felt the procedure was clearly explained	Total number of abortion clients	client exit questionnaire	no	no	yes	no	no	no	no	(1) JOHNSON, B. R., JR., MAKSUTOVA, E., BOBOEKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRATEVA, Y., LANDOULSI, S., LAZDANE, G., MONOLBAEV, K. & SEUC JO, A. H. 2018. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166. (2) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
423	Proportion of abortion clients that rated the care they received as [excellent/good, fair/poor]	(3) Abortion care	Women's satisfaction	Number of abortion clients that rated the care they received as [excellent/good, fair/poor]	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37.
424	Proportion of abortion clients that were satisfied with the information they received on post-abortion contraception	(3) Abortion care	Women's satisfaction	Number of abortion clients that were satisfied with the information they received on post-abortion contraception	Total number of abortion clients	Client exit questionnaire	no	no	yes	no	no	no	no	(1) JOHNSON, B. R., JR., MAKSUTOVA, E., BOBOEKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRATEVA, Y., LANDOULSI, S., LAZDANE, G., MONOLBAEV, K. & SEUC JO, A. H. 2018. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166. (2) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
425	Proportion of abortion clients that would recommend the services to a friend	(3) Abortion care	Women's satisfaction	Number of abortion clients that would recommend the services to a friend	Total number of abortion clients	Client exit questionnaire	no	no	yes	no	no	no	no	(1) JOHNSON, B. R., JR., MAKSUTOVA, E., BOBOEKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRATEVA, Y., LANDOULSI, S., LAZDANE, G., MONOLBAEV, K. & SEUC JO, A. H. 2018. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166.
426	Proportion of abortion clients who found the insertion of the cervical dilator to be [easy/difficult/neither]	(3) Abortion care	Women's satisfaction	Number of abortion clients who found the insertion of the cervical dilator to be [easy/difficult/neither]	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
427	Proportion of abortion clients who found the procedure to be [difficult/easy/neither]	(3) Abortion care	Women's satisfaction	Number of women who found the procedure to be [difficult/easy/neither]	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
428	Proportion of abortion clients who reported receiving counselling on what to expect during the procedure	(3) Abortion care	Women's satisfaction	Number of women who reported receiving counselling on what to expect during the procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
429	Proportion of abortion clients who reported that their provider demonstrated active listening skills	(3) Abortion care	Women's satisfaction	Number of women who reported that their provider demonstrated active listening skills	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
430	Proportion of abortion clients who reported that they felt a trusting environment was established during their procedure	(3) Abortion care	Women's satisfaction	Number of women who reported that they felt a trusting environment was established during their procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
431	Proportion of abortion clients who reported that they were given a choice of abortion services	(3) Abortion care	Women's satisfaction	Number of women who reported that they were given a choice of abortion services	Total number of abortion clients	Client exit interviews, web survey of abortion users	no	no	yes	no	no	no	yes	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7. (2) CAVET, S., FIALA, C., SCENAMMA, A. & PARTOUICHE, H. 2017. Assessment of pain during medical abortion with home use of misoprostol. <i>Eur J Contracept Reprod Health Care</i> , 22, 207-211.
432	Proportion of abortion clients who said they would recommend the method to a friend	(3) Abortion care	Women's satisfaction	Number of women who said they would recommend the method to a friend	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
433	Proportion of abortion clients who said they would use the method again if needed	(3) Abortion care	Women's satisfaction	Number of women who said they would use MA again	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
434	Proportion of abortion clients who were satisfied with the cleanliness of the room in which they had their abortion procedure	(3) Abortion care	Women's satisfaction	Number of women who were satisfied with the cleanliness of the room in which they had their abortion procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
435	Proportion of abortion clients who were satisfied with the quality of the recovery bed used after abortion procedure	(3) Abortion care	Women's satisfaction	Number of women who were satisfied with the quality of the recovery bed used after abortion procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
436	Proportion of abortion clients who were satisfied with the rules around the presence of family members for support	(3) Abortion care	Women's satisfaction	Number of women who were satisfied with the rules around the presence of family members for support	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
437	Proportion of abortion clients who were satisfied with the temperature of the room in which they had their abortion procedure	(3) Abortion care	Women's satisfaction	Number of women who were satisfied with the temperature of the room in which they had their abortion procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
438	Proportion of abortion clients who were satisfied with their provider's commitment to minimizing their anxiety with anxiolytics	(3) Abortion care	Women's satisfaction	Number of women who were satisfied with their provider's commitment to minimizing their anxiety with anxiolytics	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
439	Proportion of abortion clients who were satisfied with their provider's commitment to minimizing their pain with analgesics	(3) Abortion care	Women's satisfaction	Number of women who were satisfied with their provider's commitment to minimizing their pain with analgesics	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
440	Proportion of abortion clients who were satisfied with their provider's communication skills	(3) Abortion care	Women's satisfaction	Number of women who were satisfied with their provider's communication skills	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
443	Proportion of abortion clients who were satisfied with their provider's technical skills	(3) Abortion care	Women's satisfaction	Number of women who were satisfied with their provider's technical skills	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
444	Proportion of abortion seekers taken to a separate counseling room by a pharmacy worker	(3) Abortion care	Women's satisfaction	Number of pharmacy visits during which an abortion seeker was taken to a separate counseling room	Total number of pharmacy visits reported	Mystery client visits	no	no	no	no	no	no	yes	(1) HUDA, F. A., NGO, T. D., AHMED, A., ALAM, A. & REICHENBACH, L. 2014. Availability and provision of misoprostol and other medicines for menstrual regulation among pharmacies in Bangladesh via mystery client survey. <i>Int J Gynaecol Obstet</i> , 124, 164-8.
445	Proportion of abortion users who felt they were adequately counseled about the advantages and disadvantages of MA and MVA	(3) Abortion care	Women's satisfaction	Number of women who felt they were adequately counseled on advantages & disadvantages of MA and MVA	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52.
446	Proportion of abortion clients with continued pregnancy that experienced an ectopic pregnancy	(4) Abortion outcomes	Abortion completion	Number of women that experienced an ectopic pregnancy	Total number of abortion clients who were pregnant at follow-up	Community-based provider log books	yes	no	no	no	no	no	no	(1) FOSTER, A. M., ARNOTT, G. & HOBSTETTER, M. 2017. Community-based distribution of misoprostol for early abortion: evaluation of a program along the Thailand-Burma border. <i>Contraception</i> , 96, 242-247.
447	Proportion of abortion clients with continued pregnancy that proceeded to have a live birth	(4) Abortion outcomes	Abortion completion	Number of women who proceeded to have a live birth	Total number of abortion clients who were pregnant at follow-up	Community-based provider logbooks	yes	no	no	no	no	no	no	(1) FOSTER, A. M., ARNOTT, G. & HOBSTETTER, M. 2017. Community-based distribution of misoprostol for early abortion: evaluation of a program along the Thailand-Burma border. <i>Contraception</i> , 96, 242-247.
448	Proportion of abortion-related adverse events that resulted in a continued pregnancy	(4) Abortion outcomes	Abortion completion	Number of abortion-related adverse events that resulted in a continued pregnancy	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
449	Proportion of abortion-related adverse events that resulted in an incomplete abortion	(4) Abortion outcomes	Abortion completion	Number of abortion-related adverse events that resulted in an incomplete abortion	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
450	Proportion of abortions that failed (continued pregnancy)	(4) Abortion outcomes	Abortion completion	Number of abortions that failed	Total number of abortions	Clinical records, community-based provider logbooks, prospective facility-based study, client exit interviews	yes	yes	yes	no	no	no	no	(1) JOHNSON, B. R., JR., MAKSUTOVA, E., BOOBKOV, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRATEVA, Y., LANDOULSI, S., LAZDANE, G., MONOLBAEV, K. & SEUC JO, A. H. 2018. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166. (2) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13. (3) FOSTER, A. M., ARNOTT, G. & HOBSTETTER, M. 2017. Community-based distribution of misoprostol for early abortion: evaluation of a program along the Thailand-Burma border. <i>Contraception</i> , 96, 242-247. (4) HASSOUN, D., PERRIN, L., HIEN, H. & DEMARS, H. H. 2016. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynecol Reprod Biol</i> , 197, 174-8. (5) DOUTHWAITE, M., CANDELAS, J. A., REICHWEIN, B., ECKHARDT, C., NGO, T. D. & DOMINGUEZ, A. 2016. Efficacy of early induced medical abortion with mifepristone when beginning progestin-only contraception on the same day. <i>Int J Gynaecol Obstet</i> , 133, 329-33. (6) NIVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Cc01-4. (7) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (8) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARU, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (9) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
451	Proportion of abortions that were complete	(4) Abortion outcomes	Abortion completion	Number of abortions that were complete	Total number of abortions	Clinical records, community-based provider logbooks, population survey	yes	no	no	no	no	yes	no	(1) JOHNSON, B. R., JR., MAKSUTOVA, E., BOOBKOV, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRATEVA, Y., LANDOULSI, S., LAZDANE, G., MONOLBAEV, K. & SEUC JO, A. H. 2018. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166. (2) FOSTER, A. M., ARNOTT, G. & HOBSTETTER, M. 2017. Community-based distribution of misoprostol for early abortion: evaluation of a program along the Thailand-Burma border. <i>Contraception</i> , 96, 242-247. (3) DOUTHWAITE, M., CANDELAS, J. A., REICHWEIN, B., ECKHARDT, C., NGO, T. D. & DOMINGUEZ, A. 2016. Efficacy of early induced medical abortion with mifepristone when beginning progestin-only contraception on the same day. <i>Int J Gynaecol Obstet</i> , 133, 329-33. (4) NIVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Cc01-4. (5) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (6) PHALMUVICHIT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among legal induced abortion: septic and non-septic abortion in Songklanagar Hospital. <i>J Med Assoc Thai</i> , 95, 625-9. (7) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULI, R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 250-6. (8) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp.140-148.

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
432	Proportion of abortions/ attempts with an incomplete abortion	(4) Abortion outcomes	Abortion completion	Number of abortions/ attempts with an incomplete abortion	Total number of abortion clients/ attempts reported	Population survey, clinical records, mortality information system & interviews	yes	no	yes	no	yes	no	(1) Nyblade, L, Edmeades, J, and Pearson, E. 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp 140-148. (2) JOHNSON, B. R., JR., MAKSUTOVA, E., BOBOBKOVA, A., DAVLETOVA, A., KAZAKBAEVA, C., KONDRAEVA, Y., LANDOULSI, S., LAZDANE, G., MONOLBAEV, K. & SEUC JO, A. H. 2018. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-165. (3) DOUTHWAITE, M., CANDELAS, J. A., REICHWEIN, B., ECKHARDT, C., NGO, T. D. & DOMINGUEZ, A. 2016. Efficacy of early induced medical abortion with mifepristone when beginning progestin-only contraception on the same day. <i>Int J Gynaecol Obstet</i> , 133, 329-33. (4) NIVEDITA, K. & SHANTHINI, F. 2015. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, C01-4. (5) PHALJUVICHT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songkha Center Hospital. <i>J Med Assoc Thai</i> , 95, 625-8. (6) K. C. N., BASNETT, I., SHARMA, S. K., BHUSAL, C. L., PARAJULLI, R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-6.
433	Proportion of abortion clients that received excessive sedation	(4) Abortion outcomes	Adverse events	Number of women that received excessive sedation	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of luteal-progesterone for surgical abortion: a randomized single-blinded controlled trial. <i>Am J Cell N Biomol Biotechnol</i> , 45, 1045-1050.
434	Proportion of abortion clients that received inadequate sedation	(4) Abortion outcomes	Adverse events	Number of women that received inadequate sedation	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of luteal-progesterone for surgical abortion: a randomized single-blinded controlled trial. <i>Am J Cell N Biomol Biotechnol</i> , 45, 1045-1050.
435	Proportion of abortion-related adverse events that were delayed	(4) Abortion outcomes	Adverse events	Number of abortion-related adverse events that occurred after the woman left the clinic	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
436	Proportion of abortion-related adverse events that were hospitalized	(4) Abortion outcomes	Adverse events	Number of abortion-related adverse events that were hospitalized	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
437	Proportion of abortion-related adverse events that were immediate	(4) Abortion outcomes	Adverse events	Number of abortion related adverse events that occurred during the procedure or after the woman left the clinic	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
438	Proportion of abortion-related adverse events that were major	(4) Abortion outcomes	Adverse events	Number of abortion-related adverse events that required surgery, blood transfusion, or hospital admission, or resulting in harm or injury such as death or loss of bodily function	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
439	Proportion of abortion-related adverse events that were minor	(4) Abortion outcomes	Adverse events	Number of abortion-related adverse events that did not require any serious intervention	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
440	Proportion of abortions experiencing any incident	(4) Abortion outcomes	Adverse events	Number of abortions experiencing an adverse event or morbidity	Total number of abortions	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
441	Proportion of abortions that experienced an adverse event	(4) Abortion outcomes	Adverse events	Number of abortions that experienced an adverse event (defined as harm arising from abortion clinical care)	Total number of abortions	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
442	Proportion of abortions that experienced an anesthesia-related adverse event (such as excessive or inadequate sedation)	(4) Abortion outcomes	Adverse events	Number of abortions that experienced an anesthesia-related adverse event (such as excessive or inadequate sedation)	Total number of abortions	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
443	Proportion of MA clients who reported experiencing [x] side effect	(4) Abortion outcomes	Adverse events	Number of MA clients who reported experiencing [x] side effect	Total number of MA clients	Client exit interviews	no	no	yes	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
444	Proportion of MA clients who reported experiencing a side effect for which they had to have an additional procedure	(4) Abortion outcomes	Adverse events	Number of MA clients who reported experiencing a side effect for which they had to have an additional procedure	Total number of MA clients	Client exit interviews	no	no	yes	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.
445	Proportion of women whose pregnancies ended in abortion that were admitted to an intensive care unit	(4) Abortion outcomes	Adverse events	Number of women who experienced a hysterectomy	Total number of women whose pregnancies ended in abortion	Population survey	no	no	no	no	yes	no	(1) Camargo, R.S., Santana, D.S., Cecatti, J.G., Pacagnella, R.C., Tedesco, R.P., Melo Jr, E.F. and Sousa, M.H., 2011. Severe maternal morbidity and factors associated with the occurrence of abortion in Brazil. <i>International Journal of Gynecology & Obstetrics</i> , 112(2), pp.88-92.
446	Proportion of women whose pregnancies ended in abortion that were hospitalized for >1 week	(4) Abortion outcomes	Adverse events	Number of women who were admitted to an intensive care unit	Total number of women whose pregnancies ended in abortion	Population survey	no	no	no	no	yes	no	(1) Camargo, R.S., Santana, D.S., Cecatti, J.G., Pacagnella, R.C., Tedesco, R.P., Melo Jr, E.F. and Sousa, M.H., 2011. Severe maternal morbidity and factors associated with the occurrence of abortion in Brazil. <i>International Journal of Gynecology & Obstetrics</i> , 112(2), pp.88-92.
447	Proportion of women whose pregnancies ended in abortion that were hospitalized for >1 week	(4) Abortion outcomes	Adverse events	Number of women who were hospitalized for >1week	Total number of women whose pregnancies ended in abortion	Population survey	no	no	no	no	yes	no	(1) Camargo, R.S., Santana, D.S., Cecatti, J.G., Pacagnella, R.C., Tedesco, R.P., Melo Jr, E.F. and Sousa, M.H., 2011. Severe maternal morbidity and factors associated with the occurrence of abortion in Brazil. <i>International Journal of Gynecology & Obstetrics</i> , 112(2), pp.88-92.
448	Proportion of abortion-related adverse events that resulted in a disability (e.g. infertility, chronic pain)	(4) Abortion outcomes	Adverse events	Number of abortion-related adverse events that resulted in a disability (e.g. infertility, chronic pain)	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
449	Abortion complication rate	(4) Abortion outcomes	All-cause morbidity: Any complication, no mention of severity	Number of induced abortion clients who experienced a complication	Total number of abortion clients	client exit interviews, health information system	yes	no	yes	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARHI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (2) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf

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	Indicator	Category	Definition	Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
470	Number of hospital admissions for PAC	(4) Abortion outcomes	All-cause morbidity: Any complication, no mention of severity	Number of hospital admissions for PAC	n/a	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth.
471	Number of women provided emergency PAC treatment during the past year	(4) Abortion outcomes	All-cause morbidity: Any complication, no mention of severity	Number of women provided emergency PAC treatment during the past year	N/A	Special studies or service statistics from health facilities providing triage, stabilization, treatment and/or referral	yes	yes	no	no	no	no	no	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
472	Proportion of abortion clients that presented at the facility with complications	(4) Abortion outcomes	All-cause morbidity: Any complication, no mention of severity	Number of abortion clients who presented at the facility with complications	Total number of abortion clients	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) PRATA, N., BELL, S. & GESSESSEW, A. 2013. Comprehensive abortion care: evidence of improvements in hospital-level indicators in Tigray, Ethiopia. <i>BMJ Open</i> , 3.
473	Proportion of abortion clients that reported experiencing any complication/morbidity (symptoms)	(4) Abortion outcomes	All-cause morbidity: Any complication, no mention of severity	Number of abortion users that reported experiencing any complication	Total number of abortion users	Client exit interviews, population survey, prospective cohort study	no	yes	yes	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. <i>BMC Health Serv Res</i> , 14, 227. (2) Camargo, R.S., Santana, D.S., Cecatti, J.G., Pacagnella, R.C., Tedesco, R.P., Melo Jr, E.F. and Sousa, M.H., 2011. Severe maternal morbidity and factors associated with the occurrence of abortion in Brazil. <i>International Journal of Gynecology & Obstetrics</i> , 112(2), pp.88-92. (3) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp.140-148. (4) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
474	Proportion of abortion clients who experienced any side effect or complication before discharge	(4) Abortion outcomes	All-cause morbidity: Any complication, no mention of severity	Number of abortion clients who experienced a side effect or complication before discharge	Total number of abortion clients	Prospective study of facility-based abortion clients	no	yes	no	no	no	no	no	(1) SAHIN HODGOLLIGIL, N. N., NGABO, F., ORTEGA, J., NYIRAZNYOVE, L., NGOGA, E., DUSHIMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92.
475	Proportion of women treated for obstetric complications that are abortion-related	(4) Abortion outcomes	All-cause morbidity: Any complication, no mention of severity	Number of women with abortion complications	Number of women with obstetric complications	Aspirational description								(1) HEALY, J., OTSEA, K. & BENSON, J. 2006. Counting abortions so that abortion counts: Indicators for monitoring the availability and use of abortion care services. <i>International Journal of Gynaecology and Obstetrics</i> , 95, 209-220. (From PHS website)
476	Abortion-related near-miss rate	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of abortion-related near-miss cases	per 100,000 women of reproductive age	Prospective facility-based study; retrospective review of clinical records; DHS	yes	yes	no	no	no	yes	no	(1) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174.
477	Abortion-related near-miss ratio	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of abortion-related near-miss cases	per 100,000 live births	Prospective facility-based study; retrospective review of clinical records; DHS	yes	yes	no	no	no	yes	no	(1) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
478	Induced abortion near miss rate	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of induced abortion-related near miss cases	per 1,000 induced abortions	Clinical records	yes	no	no	no	no	no	no	(1) DONATI, S., SENATORE, S. & RONCONI, A. 2012. Obstetric near-miss cases among women admitted to intensive care units in Italy. <i>Acta Obstet Gynecol Scand</i> , 91, 452-7.
479	Intra-hospital abortion-related near-miss ratio	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of abortion-related near-miss cases that occur in hospitals	per 100,000 live births	Prospective facility-based study; retrospective review of clinical records; DHS	yes	yes	no	no	no	yes	no	(1) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174.
480	Proportion of abortion-related cases that meet the WHO clinical criteria for maternal near miss	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of abortion-related cases that meet the WHO clinical criteria for maternal near miss	total number of abortion-related maternal near miss & death cases	prospective facility-based study	no	yes	no	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
481	Proportion of abortion-related cases that meet the WHO laboratory criteria for maternal near miss	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of abortion-related cases that meet the WHO laboratory criteria for maternal near miss	total number of abortion-related maternal near miss & death cases	prospective facility-based study	no	yes	no	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
482	Proportion of abortion-related cases that meet the WHO management criteria for maternal near miss	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of abortion-related cases that meet the WHO management criteria for maternal near miss	total number of abortion-related maternal near miss & death cases	prospective facility-based study	no	yes	no	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
483	Proportion of all maternal near miss cases due to severe complications of abortion	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of maternal near miss cases caused by severe complications of abortion	Total number of maternal near miss cases	Prospective facility-based study	no	yes	no	no	no	no	no	(1) SAYINZOGA, F., BULLMAKERS, L., VAN DER VELDEN, K. & VAN DILLEN, J. 2017. Severe maternal outcomes and quality of care at district hospitals in Rwanda- a multicentre prospective case-control study. <i>BMC Pregnancy Childbirth</i> , 17, 394.

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
482	Proportion of PAC admissions experiencing [low/moderate/high/near miss] morbidity	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of cases experiencing [low/moderate/high/near miss] morbidity	Total number of PAC admissions	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	(1) OWOLABI O. G., CRESSWELL, J. A., WALKA B., OSRIN, D. & FILIPPI V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) MELESE, T., HABTE, D., TSIMA B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287. (3) ZIRABA, A. K., ZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMMED, S. F., EGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34. (4) MUMAH, J., KABIRU, C. W., MUKIIRA, C., BRINTON, J., MUTUA, M., ZUGBARA, C., BRUNGLI, H. & ASKREW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya: African Population and Health Research Center, 2014. (5) ALMAYEHU, T., OTSEA, K., GEBREMKAEL, A., DAGNEW, S., HEALY, J. & BENSON, J. 2009. Abortion care improvements in Tigray, Ethiopia: using the Safe Abortion Care (SAC) approach to monitor the availability, utilization and quality of services. Final report of a two-year project in 50 public sector facilities. Chapel Hill, North Carolina, Ipass, 2009.
483	Proportion of PAC admissions that experienced multiple organ failure	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of women who experienced multiple organ failure	Total number of PAC admissions	Retrospective review of clinical records; prospective morbidity study	yes	yes	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287. (2) GEBREHIMOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARHAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia after Legal Reform: National Results from 2008 and 2014. <i>Int J Perspect Sex Reprod Health</i> , 42, 121-130. (3) KALLANI-FIRRI, L., GEBRESELASSIE, H., LEVANDOWSKI, A., KUCHANGALE, E., KACHALE, F. & KANGAULDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.
484	Proportion of PAC admissions that experienced near-miss morbidity	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of near-miss morbidity cases	Total number of PAC admissions	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	(1) OWOLABI O. G., CRESSWELL, J. A., WALKA B., OSRIN, D. & FILIPPI V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174.
485	Proportion of potentially life threatening abortion cases due to clinical/surgical causes	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of potentially life threatening abortion cases due to clinical/surgical causes	Total number of potentially life threatening abortion cases	Prospective facility-based study	no	yes	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
486	Proportion of potentially life threatening abortion cases due to hemorrhagic causes	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of potentially life threatening abortion cases due to hemorrhagic causes	Total number of potentially life threatening abortion cases	Prospective facility-based study	no	yes	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
487	Proportion of potentially life threatening abortion cases due to infectious causes	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of potentially life threatening abortion cases due to infectious causes	Total number of potentially life threatening abortion cases	Prospective facility-based study	no	yes	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
488	Proportion of potentially life threatening abortion cases due to the management of the abortion	(4) Abortion outcomes	All-cause morbidity: near-miss/life-threatening complications	Number of potentially life threatening abortion cases due to the management of the abortion	Total number of potentially life threatening abortion cases	Prospective facility-based study	no	yes	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
489	Abortion-related severe maternal outcome ratio	(4) Abortion outcomes	All-cause morbidity: severe maternal outcomes, undefined	Number of abortion-related near-miss cases and deaths	per 100,000 live births	Prospective facility-based study	no	yes	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARPINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
490	Proportion of abortion clients treated for serious complications	(4) Abortion outcomes	All-cause morbidity: severe maternal outcomes, undefined	Number of women treated for serious complications	Total number of women treated for complications of abortion/menstrual regulation	health facility assessment	no	no	yes	no	no	no	(1) HUDA, F. A., AHMED, A., FORD, E. R. & JOHNSTON, H. B. 2015. Strengthening health systems capacity to monitor and evaluate programmes targeted at reducing abortion-related maternal mortality in Jessore district, Bangladesh. <i>BMC Health Serv Res</i> , 15, 426. (2) ABDELLA, A., FETTERS, T., BENSON, J., PEARSON, E., GEBREHIMOT, Y., ANDERSEN, K., GEBRESELASSIE, H. & TESFAYE, S. 2013. Meeting the need for safe abortion care in Ethiopia: results of a national assessment in 2008. <i>Glob Public Health</i> , 8, 417-34. (3) OTSEA, K., BENSON, J., ALMAYEHU, T., PEARSON, E. & HEALY, J. 2011. Testing the Safe Abortion Care model in Ethiopia to monitor service availability, use, and quality. <i>Int J Gynaecol Obstet</i> , 115, 316-21.
491	Proportion of all severe maternal outcomes due to severe complications of abortion	(4) Abortion outcomes	All-cause morbidity: severe maternal outcomes, undefined	Number of severe maternal outcome cases caused by severe complications of abortion	Total number of severe maternal outcome cases (maternal near miss cases + maternal deaths)	Prospective facility-based study	no	yes	no	no	no	no	(1) SAYINCOGA, F., BULLMAKERS, L., VAN DER VELDEN, K. & VAN DILLEN, J. 2017. Severe maternal outcomes and quality of care at district hospitals in Rwanda: a multicentre prospective case-control study. <i>BMC Pregnancy Childbirth</i> , 17, 394.
492	Proportion of women treated for abortion complications that are severe	(4) Abortion outcomes	All-cause morbidity: severe maternal outcomes, undefined	Number of women with serious abortion complications treated at facility	Number of women with all abortion complications treated at facility	health facility records	yes	no	no	no	no	no	(1) HEALY, J., OTSEA, K. & BENSON, J. 2009. Counting abortions so that abortion counts: Indicators for monitoring the availability and use of abortion care services. <i>International Journal of Gynaecology and Obstetrics</i> , 95, 209-220. (From IPAS website)
493	Mean (or median) blood loss after abortion (mL)	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anaemia	Sum of blood loss volume for all abortion clients	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	(1) Zhuang, Y., Zhu, X. and Huang, L., 2010. The effect of phloroglucinol on pain in first-trimester surgical abortion: a double-blind randomized controlled study. <i>Contraception</i> , 81(2), pp.157-160. (2) MANANDHAR, S., EL AYADI, A. M., BUTTRICK, E., HOSANG, R. & MILLER, S. 2015. The Role of the Nonpregnancy Antihock Garment in Reducing Blood Loss and Morbidity Associated with Post-Abortion Hemorrhage. <i>Stud Fam Plann</i> , 46, 281-96.
494	Proportion of abortion attempts with excessive bleeding (indicator should specify self-reported vs diagnosed)	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anaemia	Number of abortion attempts with excessive bleeding	Total number of abortion attempts reported	Population survey	no	no	no	no	yes	no	(1) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp. 140-148.

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
457	Proportion of abortion clients that experienced blood loss/hemorrhage	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of women that experienced blood loss	Total number of abortion clients	Client exit interviews, population survey	no	no	yes	no	no	yes	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53. (2) Camargo, R.S., Santana, D.S., Cecatti, J.G., Pacagnella, R.C., Tedesco, R.P., Melo Jr, E.F. and Sousa M.H., 2011. Severe maternal morbidity and factors associated with the occurrence of abortion in Brazil. <i>International Journal of Gynecology & Obstetrics</i> , 112(2), pp.88-92.
458	Proportion of abortion clients who experienced abdominal pain AND severe bleeding before discharge	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of abortion clients who experienced abdominal pain AND severe bleeding before discharge	Total number of abortion clients who reported experiencing a side effect or complication before discharge	Prospective study of facility-based abortion clients	no	yes	no	no	no	no	no	(1) SARIN HODGOLIDGE, N., N. NSABO, F., OITEGA, J., NYIRAZINYOYE, L., NDOGA, E., DUSHIMBEZU, E., KANYAMAZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92.
459	Proportion of abortions that experienced hemorrhage >500ml due to clinical care deviation	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of abortions that experienced hemorrhage >500ml due to clinical care deviation	Total number of abortions	Prospective cohort study	no	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
460	Proportion of abortions that experienced retained products of conception (RPOC)	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of abortions that experienced RPOC	Total number of abortions	Prospective cohort study, clinical records	yes	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13. (2) HASSOUN, D., PERIN, L., HIEN, H. & DEMARS, H. H. 2016. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynaecol Reprod Biol</i> , 197, 174-8. (3) DOLTHWAITE, M., CANCELAS, J. A., REICHWEIN, B., ECHARDOT, C., NGO, T. D. & DOMINGUEZ, A. 2016. Efficacy of early induced medical abortion with mifepristone when beginning progestin-only contraception on the same day. <i>Int J Gynaecol Obstet</i> , 133, 329-33. (4) KALLAN-PHILL, L., GERSELSASSIE, H., LEVANDONSKI, B. A., KJUCHINGALE, E., KACHALE, F. & KANGAULDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4. (5) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (6) ANDERSEN, K., GANATHRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
461	Proportion of illegal abortion users who experienced vaginal bleeding	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of abortion clients who experienced vaginal bleeding	Total number of abortion clients who had an illegal abortion	health facility records	yes	no	no	no	no	no	no	(1) PHAUMVICHIT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songklan Center Hospital. <i>J Med Assoc Thai</i> , 95, 625-9.
462	Proportion of induced abortion clients who reported [moderate/severe with clots] bleeding during follow-up interviews	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of induced abortion clients who reported [moderate/severe with clots] bleeding during follow-up interviews	Total number of abortion clients	client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATHRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
463	Proportion of induced abortion clients who reported hematometra during follow-up interviews	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of induced abortion clients who reported hematometra during follow-up interviews	Total number of abortion clients	client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATHRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
464	Proportion of induced abortion clients who reported uterine stony during follow-up interviews	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of induced abortion clients who reported uterine stony during follow-up interviews	Total number of abortion clients	client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATHRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
465	Proportion of MA clients who reported minimal vaginal bleeding	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of MA clients who reported minimal vaginal bleeding	Total number of MA clients	clinical records	yes	no	no	no	no	no	no	(1) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
466	Proportion of PAC admissions that experienced anemia	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of women who experienced severe anemia	Total number of PAC admissions	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWOLABI, O., CRESSWELL, J. A., VWALKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
467	Proportion of PAC admissions that experienced disseminated intravascular coagulation	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of women who experienced disseminated intravascular coagulation	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
468	Proportion of PAC clients with [x] level of shock severity, measured by mean arterial pressure (MAP)	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of women with [x] level of shock severity (MAP)	Total number of PAC admissions	Prospective morbidity study	no	yes	no	no	no	no	no	(1) MANANDHAR, S., EL AYADI, A. M., BUTRICK, E., HOSANG, R. & MILLER, S. 2015. The Role of the Nonpneumatic Antishock Garment in Reducing Blood Loss and Mortality Associated with Post-Abortion Hemorrhage. <i>Stud Fam Plan</i> , 46, 281-96.
469	Proportion of women who experienced incomplete abortion with shock after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of women who experienced incomplete abortion with shock	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.
470	Proportion of women who presented at the health facility with hemoglobin level [x] after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of women who presented at the health facility with hemoglobin level [x]	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.
471	Proportion of women who reported bleeding with abdominal pain after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of women who reported bleeding with abdominal pain	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.
472	Proportion of women who reported excessive bleeding per vagina after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anemia	Number of women who reported excessive bleeding per vagina	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
513	Proportion of women who reported fever with pain and irregular bleeding after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anaemia	Number of women who reported fever with pain and irregular bleeding	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.
514	Proportion of women who reported irregular bleeding per vagina after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anaemia	Number of women who reported irregular bleeding per vagina	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.
515	Proportion of women who reported retained products of conception after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anaemia	Number of women who reported retained products of conception	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.
516	Proportion of women who required resuscitative measures for hemorrhagic shock after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity: bleeding/anaemia	Number of women who required resuscitative measures for hemorrhagic shock	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.
517	Mean blood pressure measurement among abortion clients	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Sum of blood pressure measurement for all abortion clients	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
518	Mean heart rate (beats per minute) among abortion clients	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Sum of heart rate for all abortion clients	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
519	Mean oxygen saturation (SpO ₂) measurement among abortion clients	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Sum of SpO ₂ measurement for all abortion clients	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
520	Proportion of abortion clients that experienced hypertension	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of women that experienced hypertension	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
521	Proportion of abortion clients that experienced hypotension	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of women that experienced hypotension	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
522	Proportion of abortion clients that experienced hypovolemic shock	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of women who experienced hypovolemic shock	Total number of abortion clients	Prospective facility-based study; retrospective review of clinical records, client exit interviews	yes	yes	yes	no	no	no	no	(1) OWOLABI, O. O., CRESSWELL, J. A., WALKER, B., OSIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (3) ANDERSEN, K., GANATRA, B., STUCKE, S., BAGNETT, J., KARIKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
523	Proportion of abortion clients that experienced respiratory depression	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of women that experienced respiratory depression	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
524	Proportion of abortion clients that experienced sinus bradycardia	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of women that experienced sinus bradycardia	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
525	Proportion of abortion clients that experienced sinus tachycardia	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of women that experienced sinus tachycardia	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
526	Proportion of abortion clients who experienced severe bleeding before discharge	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of abortion clients who experienced severe bleeding before discharge	Total number of abortion clients who reported experiencing a side effect or complication before discharge	Prospective study of facility based abortion clients	no	yes	no	no	no	no	no	(1) SAHIN HODGULLU, N. N., NOARO, F., ORTEGA, J., NYIRAZINYOYE, L., NODJA, E., DUSHMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92.
527	Proportion of abortion clients who had a heart rate of at least 100 beats per minute	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of abortion clients who had a heart rate of at least 100 bpm	Total number of abortion clients	health facility records	yes	no	no	no	no	no	no	(1) PHAUMVICHIT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songklanagar Hospital. <i>J Med Assoc Thai</i> , 95, 625-9.
528	Proportion of PAC admissions that experienced a high pulse rate (>119 bpm)	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of women who experienced a high pulse rate (>119 bpm)	Total number of PAC admissions	Retrospective review of clinical records; prospective morbidity study	yes	yes	no	no	no	no	no	(1) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (2) KALLANI-PHILLI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAULDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.
529	Proportion of PAC admissions that experienced acute respiratory distress syndrome (ARDS)	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of women who experienced ARDS	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEKARBESE, T. R., MASWU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service Is Not Legalized. <i>PLoS One</i> , 12, e0166287.
530	Proportion of PAC admissions that experienced cardiac arrest	(4) Abortion outcomes	Cause-specific morbidity: cardiovascular/respiratory complications	Number of women who experienced cardiac arrest	Total number of PAC admissions	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWOLABI, O. O., CRESSWELL, J. A., WALKER, B., OSIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174.

A	B	C	D	E	F	G	H	I	J	K	L	M	R
Indicator	Category	Cause-specific morbidity: infection/fever/chills	Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
933	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of abortion attempts with an infection or fever	Total number of abortion attempts reported	Population survey	no	no	no	no	no	yes	no	(1) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp. 140-148.
934	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women that experienced chills	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
935	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced offensive discharge	Total number of abortion clients	Retrospective review of clinical records, client exit interviews	yes	no	yes	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAELSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287. (2) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
936	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of abortion clients who experienced fever after abortion	Total number of abortion clients	health facility records, client exit interviews	yes	no	yes	no	no	no	no	(1) PHALUMVICHIT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songkha Center Hospital. <i>J Med Assoc Thai</i> , 95, 625-9. (2) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (3) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
937	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of abortion clients who experienced infection	Total number of abortion clients who reported experiencing a side effect or complication	Prospective study of facility based abortion clients, population survey, client exit interviews, provider interviews	no	yes	yes	no	yes	yes	no	(1) SAHIN HODOGLUGIL, N. N., NGABO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHIMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92. (2) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-19. (3) Camargo, R.S., Santana, D.S., Cecati, J.G., Pacagnella, R.C., Tedesco, R.P., Melo Jr, E.F. and Sousa, M.H., 2011. Severe maternal morbidity and factors associated with the occurrence of abortion in Brazil. <i>International Journal of Gynecology & Obstetrics</i> , 112(2), pp.89-92.
938	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of abortion clients who had leukocytosis of [x] level	Total number of abortion clients	health facility records	yes	no	no	no	no	no	no	(1) PHALUMVICHIT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songkha Center Hospital. <i>J Med Assoc Thai</i> , 95, 625-9.
939	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of induced abortion clients who reported localized peritonitis during follow-up interviews	Total number of abortion clients	client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
940	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of induced abortion clients who reported offensive products during follow-up interviews	Total number of abortion clients	client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
941	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of induced abortion clients who reported suspected sepsis during follow-up interviews	Total number of abortion clients	client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (2) K. C. N., BASNETT, L., SHARMA, S. K., BHUSAL, G. L., PARAJULI, R. R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. <i>Kathmandu Univ Med J (KUMJ)</i> , 9, 260-8.
942	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of induced abortion clients who reported tender uterus during follow-up interviews	Total number of abortion clients	client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
943	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced a temperature above 37.9 degrees C	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (2) PHALUMVICHIT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songkha Center Hospital. <i>J Med Assoc Thai</i> , 95, 625-9.
944	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced generalized peritonitis	Total number of PAC admissions	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWOLABI, O. O., CRESSWELL, J. A., WVALIKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAELSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287. (3) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130.
945	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced localized peritonitis or tender uterus	Total number of PAC admissions	Prospective facility-based study	no	yes	no	no	no	no	no	(1) KALLANI-PHRI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.
946	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced one or more signs of infection or complication	Total number of PAC admissions	Prospective facility-based study	no	yes	no	no	no	no	no	(1) KALLANI-PHRI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4.
947	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced pelvic abscess	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAELSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Indicator	Category	Morbidity	Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
546	Proportion of PAC admissions that experienced pelvic peritonitis	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced pelvic peritonitis	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. PLoS One, 12, e0166287.
547	Proportion of PAC admissions that experienced sepsis	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced sepsis	Total number of PAC admissions	Retrospective review of clinical records, client exit interviews, provider interviews	yes	no	yes	no	no	no	no	(1) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. Int Perspect Sex Reprod Health, 42, 121-130.
548	Proportion of PAC admissions that experienced septic shock	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced septic shock	Total number of PAC admissions	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. Contraception, 95, 167-174. (2) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. PLoS One, 12, e0166287. (3) PHALMVICHT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among legal induced abortion: septic and non-septic abortion in Songkya Center Hospital. J Med Assoc Thai, 95, 625-9.
549	Proportion of PAC admissions that experienced tender uterus	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced tender uterus	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. PLoS One, 12, e0166287.
550	Proportion of PAC admissions that experienced tetanus	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced tetanus	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. Int Perspect Sex Reprod Health, 42, 121-130.
551	Proportion of PAC clients who presented with [x] level temperature	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of PAC clients who presented with [normal/pyrexia] temperature	Total number of PAC clients	Prospective morbidity study	no	yes	no	no	no	no	no	(1) KALLANI-PHIRI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. Int J Gynaecol Obstet, 128, 160-4.
552	Proportion of women who experienced incomplete abortion with sepsis after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity: infection/fever/chills	Number of women who experienced incomplete abortion with sepsis	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NIVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. J Clin Diagn Res, 9, C001-4.
553	Proportion of abortion attempts with damage to the uterus or vagina (indicator should specify: self-reported [as diagnosed])	(4) Abortion outcomes	Cause-specific morbidity: injury	Number of abortion attempts with damage to the uterus or vagina	Total number of abortion attempts reported	Population survey	no	no	no	no	no	yes	no	(1) Nyblsted, L., Edmeades, J. and Pearson, E. 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. International perspectives on sexual and reproductive health, pp.140-148.
554	Proportion of abortions that experienced cervical injury	(4) Abortion outcomes	Cause-specific morbidity: injury	Number of abortions that experienced cervical injury	Total number of abortions	Prospective cohort study, client exit interviews, provider interviews	yes	yes	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. Contraception, 96, 1-13.
555	Proportion of abortions that experienced uterine perforation	(4) Abortion outcomes	Cause-specific morbidity: injury	Number of abortions that experienced uterine perforation	Total number of abortions	Prospective cohort study	no	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. Contraception, 96, 1-13.
556	Proportion of induced abortion clients who reported tip of cannula inside uterus during follow-up interviews	(4) Abortion outcomes	Cause-specific morbidity: injury	Number of induced abortion clients who reported tip of cannula inside uterus during follow-up interviews	Total number of abortion clients	client exit interviews	no	no	yes	no	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. BMC Public Health, 12, 9.
557	Proportion of PAC admissions for which a foreign body was found	(4) Abortion outcomes	Cause-specific morbidity: injury	Number of women for whom a foreign body was found	Total number of PAC admissions	Prospective morbidity study	no	yes	no	no	no	no	no	(1) KALLANI-PHIRI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. Int J Gynaecol Obstet, 128, 160-4.
558	Proportion of PAC admissions that experienced bowel perforation	(4) Abortion outcomes	Cause-specific morbidity: injury	Number of women who experienced bowel perforation	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. PLoS One, 12, e0166287.
559	Proportion of PAC admissions that experienced generalized peritonitis, uterine perforation, or gangrenous uterus	(4) Abortion outcomes	Cause-specific morbidity: injury	Number of women who experienced generalized peritonitis, uterine perforation, or gangrenous uterus	Total number of PAC admissions	Prospective facility-based study	no	yes	no	no	no	no	no	(1) KALLANI-PHIRI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. Int J Gynaecol Obstet, 128, 160-4.
560	Proportion of PAC admissions that experienced trauma to the bowel or uterus	(4) Abortion outcomes	Cause-specific morbidity: injury	Number of women who experienced trauma to the bowel or uterus	Total number of PAC admissions	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. Contraception, 95, 167-174.
561	Proportion of PAC admissions that experienced uterine perforation	(4) Abortion outcomes	Cause-specific morbidity: injury	Number of women who experienced uterine perforation	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAESSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. PLoS One, 12, e0166287.
562	Proportion of abortion clients that experienced diarrhea	(4) Abortion outcomes	Cause-specific morbidity: other	Number of women that experienced diarrhea	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. J Obstet Gynaecol Can, 32, 244-53.
563	Proportion of abortion clients that experienced lachrymation and sweating	(4) Abortion outcomes	Cause-specific morbidity: other	Number of women that experienced lachrymation and sweating	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of lantani-protopof for surgical abortion: a randomized single-blinded controlled trial. Artf Cells Nanomed Biotechnol, 45, 1045-1050.
564	Proportion of abortion clients that experienced movement (?)	(4) Abortion outcomes	Cause-specific morbidity: other	Number of women that experienced movement (?)	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of lantani-protopof for surgical abortion: a randomized single-blinded controlled trial. Artf Cells Nanomed Biotechnol, 45, 1045-1050.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
565	Proportion of abortion clients that experienced nausea	(4) Abortion outcomes	Cause-specific morbidity; other	Number of women that experienced nausea	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
566	Proportion of abortion clients that experienced postoperative agitation	(4) Abortion outcomes	Cause-specific morbidity; other	Number of women that experienced postoperative agitation	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
567	Proportion of abortion clients that experienced vomiting	(4) Abortion outcomes	Cause-specific morbidity; other	Number of women that experienced vomiting	Total number of abortion clients	Prospective facility-based study, Client exit interviews	no	yes	yes	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050. (2) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
568	Proportion of abortion users who self-reported experiencing none/moderate/severe bed rest	(4) Abortion outcomes	Cause-specific morbidity; other	Number of abortion users who self-reported experiencing none/moderate/severe bed rest	Total number of abortion users	Population survey	no	no	no	no	no	yes	no	(1) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp. 140-148.
569	Proportion of PAC admissions that experienced hepatic failure	(4) Abortion outcomes	Cause-specific morbidity; other	Number of women who experienced hepatic failure	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
570	Proportion of PAC admissions that experienced oliguria	(4) Abortion outcomes	Cause-specific morbidity; other	Number of women who experienced oliguria	Total number of PAC admissions	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWOLABI, O. D., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174.
571	Proportion of PAC admissions that experienced renal failure	(4) Abortion outcomes	Cause-specific morbidity; other	Number of women who experienced renal failure	Total number of PAC admissions	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166287.
572	Mean (or median) pain score associated with abortion procedure	(4) Abortion outcomes	Cause-specific morbidity; pain/weakness	Sum of maximum pain scores reported by women associated with abortion procedure	Total number of abortion clients interviewed	Exit interviews; prospective facility-based study	no	yes	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6. (2) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050. (3) CAVET, S., FIALA, C., SCEMAMA, A. & PARTOUCHE, H. 2017. Assessment of pain during medical abortion with home use of misoprostol. <i>Eur J Contracept Reprod Health Care</i> , 22, 207-211. (4) ROCHE, N. E., LI, D., JAMES, D., FECHNER, A. & TLAK, V. 2012. The effect of peroperative ketorolac on pain control in pregnancy termination. <i>Contraception</i> , 85, 299-303. (5) AGOSTINI, A., MARJANI, J., ROBLIN, P., CHAMPION, J., CRAVELLO, L. & GAMERRE, M. 2012. A double-blind, randomized controlled trial of the use of a 50/50 mixture of nitrous oxide/oxygen in legal abortions. <i>Contraception</i> , 86, 79-83. (6) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53. (7) Zhuang, Y., Zhu, X. and Huang, L.L., 2010. The effect of phloroglucinol on pain in first-trimester surgical abortion: a double-blind randomized controlled study. <i>Contraception</i> , 81(2), pp.157-160.
573	Proportion of abortion attempts for which women reported experiencing weakness	(4) Abortion outcomes	Cause-specific morbidity; pain/weakness	Number of abortion attempts for which women reported experiencing weakness	Total number of abortion attempts reported	Population survey	no	no	no	no	no	yes	no	(1) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp. 140-148.
574	Proportion of abortion clients that experienced pain at injection site	(4) Abortion outcomes	Cause-specific morbidity; pain/weakness	Number of women that experienced pain at injection site	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) GAO, W., SHA, B., ZHAO, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
575	Proportion of abortion clients who experienced [no/some/severe] pain after the procedure	(4) Abortion outcomes	Cause-specific morbidity; pain/weakness	Number of women who experienced [no/some/severe] pain after abortion	Total number of abortion clients	Retrospective review of clinical records, client exit interviews, population survey	yes	no	yes	no	no	yes	no	(1) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 756-763.
576	Proportion of abortion clients who reported pain score in [4] range	(4) Abortion outcomes	Cause-specific morbidity; pain/weakness	Number of abortion clients who reported pain score in [4] range.	Total number of abortion clients	Web survey of MA users, Client exit interviews; prospective facility-based study	no	yes	yes	no	no	no	yes	(1) CAVET, S., FIALA, C., SCEMAMA, A. & PARTOUCHE, H. 2017. Assessment of pain during medical abortion with home use of misoprostol. <i>Eur J Contracept Reprod Health Care</i> , 22, 207-211. (2) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53. (3) AGOSTINI, A., MARJANI, J., ROBLIN, P., CHAMPION, J., CRAVELLO, L. & GAMERRE, M. 2012. A double-blind, randomized controlled trial of the use of a 50/50 mixture of nitrous oxide/oxygen in legal abortions. <i>Contraception</i> , 86, 79-83. (4) Zhuang, Y., Zhu, X. and Huang, L.L., 2010. The effect of phloroglucinol on pain in first-trimester surgical abortion: a double-blind randomized controlled study. <i>Contraception</i> , 81(2), pp.157-160.
577	Proportion of abortion clients/users who experienced abdominal/pelvic pain before discharge	(4) Abortion outcomes	Cause-specific morbidity; pain/weakness	Number of abortion clients who experienced abdominal/pelvic pain before discharge	Total number of abortion clients who reported experiencing a side effect or complication before discharge	Prospective study of facility-based abortion clients	no	yes	no	no	no	no	no	(1) SAHIN HODOGLUGIL, N. N., NGAO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHIMYEYU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92.
578	Proportion of abortions/attempts for which women reported feeling pain	(4) Abortion outcomes	Cause-specific morbidity; pain/weakness	Number of abortions/attempts for which women reported feeling pain	Total number of abortion clients/ attempts reported	Population survey, health facility records	yes	no	no	no	no	yes	no	(1) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp. 140-148. (2) PHALMVICHT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songkla Center Hospital. <i>J Med Assoc Thai</i> , 95, 625-9.
579	Proportion of women who reported abdominal pain after self-medication with abortion pills	(4) Abortion outcomes	Cause-specific morbidity; pain/weakness	Number of women who reported abdominal pain	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	no	(1) NVEDITA, K. & SHANTHINI, F. 2015. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.
580	Mean anger score after receiving an abortion (10 point likert scale)	(4) Abortion outcomes	Wellbeing/psychological health; Emotional health	Sum of anger scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.

	A	B	C	D	E	F	G	H	I	J	K	L	M	N
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
581	Mean coping score after receiving an abortion (emotional ability to cope with an event)	(4) Abortion outcomes	Wellbeing/psychological health: Emotional health	Sum of coping scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
582	Mean doubt score after receiving an abortion	(4) Abortion outcomes	Wellbeing/psychological health: Emotional health	Sum of doubt scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
583	Mean empowerment score after receiving an abortion (measuring women's perceived empowerment related to an event)	(4) Abortion outcomes	Wellbeing/psychological health: Emotional health	Sum of empowerment scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
584	Mean fear score after receiving an abortion	(4) Abortion outcomes	Wellbeing/psychological health: Emotional health	Sum of fear scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
585	Mean guilt score after receiving an abortion	(4) Abortion outcomes	Wellbeing/psychological health: Emotional health	Sum of guilt scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
586	Mean happiness score after receiving an abortion	(4) Abortion outcomes	Wellbeing/psychological health: Emotional health	Sum of happiness scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
587	Mean regret score after receiving an abortion	(4) Abortion outcomes	Wellbeing/psychological health: Emotional health	Sum of regret scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
588	Mean relief score after receiving an abortion	(4) Abortion outcomes	Wellbeing/psychological health: Emotional health	Sum of relief scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
589	Mean shame score after receiving an abortion	(4) Abortion outcomes	Wellbeing/psychological health: Emotional health	Sum of shame scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
590	Mean anxiety score after receiving an abortion	(4) Abortion outcomes	Wellbeing/psychological health: Mental health disorders	Sum of anxiety scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
591	Mean depression score after receiving an abortion	(4) Abortion outcomes	Wellbeing/psychological health: Mental health disorders	Sum of depression scores reported by women after abortion procedure	Total number of abortion clients interviewed	Client exit interviews	no	no	yes	no	no	no	no	(1) WILSON, S. F., GURNEY, E. P., SAMMEL, M. D. & SCHREIBER, C. A. 2017. Doulas for surgical management of miscarriage and abortion: a randomized controlled trial. <i>Am J Obstet Gynecol</i> , 216, 44.e1-44.e6.
592	Proportion abortion users who have also experienced depression	(4) Abortion outcomes	Wellbeing/psychological health: Mental health disorders	Number of abortion users who have experienced depression	Total number of women who reported ever having an induced abortion	Population	no	no	no	no	no	yes	no	(1) PEDERSEN, W. 2008. Abortion and depression: a population-based longitudinal study of young women. <i>Scand J Public Health</i> , 36, 424-8.
593	Proportion of abortion clients satisfied with their pain level at [x] amount of time since the procedure	(3) Abortion care	Women's satisfaction	Number of abortion clients satisfied with their pain level at [x] amount of time since the procedure	Total number of abortion clients	Prospective facility-based study	no	yes	no	no	no	no	no	(1) ROCHE, N. E., LI, D., JAMES, D., FECHNER, A. & TLAK, V. 2012. The effect of perioperative ketorolac on pain control in pregnancy termination. <i>Contraception</i> , 85, 299-303.
594	DALYs (Disability-adjusted life years) lost to abortion per 100,000 persons	(5) Abortion impact	Composite measures of mortality and/or disabilities	Number of DALYs lost to abortion	per 100,000 persons	national burden of disease study	no	no	no	no	no	yes	yes	(1) BENER, A., ZIRIE, M. A., KIM, E. J., AL BUZ, R., ZAZA, M., AL-NUFAL, M., BASHA, B., HILLHOUSE, E. W. & RIBOLL, E. 2012. Measuring burden of diseases in a rapidly developing economy: state of Qatar. <i>Glob J Health Sci</i> , 5, 134-44.
595	Number of disability-adjusted life years lost to abortion complications (during period X)	(5) Abortion impact	Composite measures of mortality and/or disabilities	not defined in paper	not defined in paper	global burden of disease study	no	no	no	no	no	yes	yes	(1) HIGASHI, H., BARENDREGT, J. J., KASSEBAUM, N. J., WEISER, T. G., BICKLER, S. W. & VOS, T. 2015. Surgically avertable burden of obstetric conditions in low- and middle-income regions: a modelled analysis. <i>Bjog</i> , 122, 228-36.
596	Number of years of life lost to abortion (during period X)	(5) Abortion impact	Composite measures of mortality and/or disabilities	not defined in paper	not defined in paper	global burden of disease study	no	no	no	no	no	yes	yes	(1) HIGASHI, H., BARENDREGT, J. J., KASSEBAUM, N. J., WEISER, T. G., BICKLER, S. W. & VOS, T. 2015. Surgically avertable burden of obstetric conditions in low- and middle-income regions: a modelled analysis. <i>Bjog</i> , 122, 228-36.
597	Number of years of lived with disability due to abortion (during period X)	(5) Abortion impact	Composite measures of mortality and/or disabilities	not defined in paper	not defined in paper	global burden of disease study	no	no	no	no	no	yes	yes	(1) HIGASHI, H., BARENDREGT, J. J., KASSEBAUM, N. J., WEISER, T. G., BICKLER, S. W. & VOS, T. 2015. Surgically avertable burden of obstetric conditions in low- and middle-income regions: a modelled analysis. <i>Bjog</i> , 122, 228-36.
598	Proportion of DALYs lost to abortion	(5) Abortion impact	Composite measures of mortality and/or disabilities	Number of DALYs lost to abortion	Total number of DALYs lost to abortion	global burden of disease study, national burden of disease study	no	no	no	no	no	yes	yes	(1) HIGASHI, H., BARENDREGT, J. J., KASSEBAUM, N. J., WEISER, T. G., BICKLER, S. W. & VOS, T. 2015. Surgically avertable burden of obstetric conditions in low- and middle-income regions: a modelled analysis. <i>Bjog</i> , 122, 228-36. (2) BENER, A., ZIRIE, M. A., KIM, E. J., AL BUZ, R., ZAZA, M., AL-NUFAL, M., BASHA, B., HILLHOUSE, E. W. & RIBOLL, E. 2012. Measuring burden of diseases in a rapidly developing economy: state of Qatar. <i>Glob J Health Sci</i> , 5, 134-44.
599	YLD (years of life lived with disability) due to abortion per 100,000 persons	(5) Abortion impact	Composite measures of mortality and/or disabilities	Number of YLD due to abortion	per 100,000 persons	national burden of disease study	no	no	no	no	no	yes	yes	(1) BENER, A., ZIRIE, M. A., KIM, E. J., AL BUZ, R., ZAZA, M., AL-NUFAL, M., BASHA, B., HILLHOUSE, E. W. & RIBOLL, E. 2012. Measuring burden of diseases in a rapidly developing economy: state of Qatar. <i>Glob J Health Sci</i> , 5, 134-44.
600	YLL (years of life lost) due to abortion per 100,000 persons	(5) Abortion impact	Composite measures of mortality and/or disabilities	Number of YLL due to abortion	per 100,000 persons	national burden of disease study	no	no	no	no	no	yes	yes	(1) BENER, A., ZIRIE, M. A., KIM, E. J., AL BUZ, R., ZAZA, M., AL-NUFAL, M., BASHA, B., HILLHOUSE, E. W. & RIBOLL, E. 2012. Measuring burden of diseases in a rapidly developing economy: state of Qatar. <i>Glob J Health Sci</i> , 5, 134-44.

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Indicator	Category	Mortality measures	Numerator	Denominator	Data source(s) used	Data source: Facility records/HMS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
Abortion case fatality rate (i.e. abortion-related mortality index)	(5) Abortion impact	Mortality measures	Number of abortion clients who died from abortion-related complications	Total number of TOP/PAC clients	Prospective study of facility based abortion clients, provider/interviews	no	yes	no	no	no	no	no	(1) SAHIN HODOGLUGIL, N. N., NGAO, F., ORTEGA, J., NYIRAZNYOYE, L., NGOGA, E., DUSHIMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. <i>Afr J Reprod Health</i> , 21, 82-92. (2) ZIRABA, A. K., IZUGBARA, C., LEVANDOWSKI, B. A., GEBRESELASSIE, H., MUTUA, M., MOHAMMED, S. F., EGESA, C. & KIMANI-MURAGE, E. W. 2015. Unsafe abortion in Kenya: a cross-sectional study of abortion complication severity and associated factors. <i>BMC Pregnancy Childbirth</i> , 15, 34. (3) MANANDHAR, S., EL AYADI, A. M., BUTTRICK, E., HOSANG, R. & MILLER, S. 2015. The Role of the Nonpneumatic Antishock Garment in Reducing Blood Loss and Mortality Associated with Post-Abortion Hemorrhage. <i>Stud Fam Plann</i> , 46, 281-96. (4) KALLANI-PHILLI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KINAGOLE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4. (5) MUMAH, J., KABIRU, C. W., MUKIIRA, C., BRINTON, J., MUTUA, M., IZUGBARA, C., BIRUNGI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014. (6) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
Abortion-related maternal mortality ratio	(5) Abortion impact	Mortality measures	Number of abortion-related maternal deaths	per 100,000 live births	Prospective facility-based study; retrospective review of clinical records; DHS; HMS	yes	yes	no	no	no	yes	no	(1) OWOLABI, O. G., CRESSWELL, J. A., WALKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) KOCH, E. 2013. Impact of reproductive laws on maternal mortality: the Chilean natural experiment. <i>Linacre</i> 0, 80, 151-60. (3) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
Intra-hospital abortion-related maternal mortality ratio	(5) Abortion impact	Mortality measures	Number of abortion-related maternal deaths that occur in hospitals	per 100,000 live births	Prospective facility-based study; retrospective review of clinical records; DHS	yes	yes	no	no	no	yes	no	(1) OWOLABI, O. G., CRESSWELL, J. A., WALKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174.
Maternal mortality ratio	(5) Abortion impact	Mortality measures	Number of maternal deaths	per 100,000 live births	maternal death registry	yes	no	no	no	no	no	no	(1) DARNÉY, B. G., SAAVEDRA-AVENDANO, B. & LOZANO, R. 2017. Maintaining rigor in research: flaws in a recent study and a reanalysis of the relationship between state abortion laws and maternal mortality in Mexico. <i>Contraception</i> , 95, 105-111.
Number of deaths due to abortion (during period X)	(5) Abortion impact	Mortality measures	Number of deaths due to abortion	n/a	global burden of disease study (modelled estimate), routine sources	no	no	no	no	no	yes	no	(1) HIGASHI, H., BARENDREGT, J. J., KASSEBAUM, N. J., WEISER, T. G., BICKLER, S. W. & VOS, T. 2015. Surgically avertable burden of obstetric conditions in low- and middle-income regions: a modelled analysis. <i>Bmj</i> , 351, h2229-36. (2) Centre for Disease Control and Prevention. 2017. Abortion Surveillance - United States, 2014. <i>Morbidity and Mortality Weekly Report</i> , 66, 24.
Number of deaths per X abortions	(5) Abortion impact	Mortality measures	Number of abortion-related deaths	per X abortions x can be 1000, 10000, or 100000	Clinical records	yes	no	no	no	no	no	no	(1) MINKOBAME, U., MAYI-TSONGA, S., OBIANG, P. A., KOMBA, O. M., ELLA, J. M., MEYE, J. F. & FAUNDES, A. 2018. Transient reduction in abortion-related lethality after interventions to reduce delays in provision of care at Centre Hospitalier de Libreville, Gabon. <i>Int J Gynaecol Obstet</i> .
Number of deaths per X unsafe abortions	(5) Abortion impact	Mortality measures	Number of abortion-related deaths	per X unsafe abortions x can be 1000, 10000, or 100000	Clinical records?	yes	no	no	no	no	no	no	(1) MUMAH, J., KABIRU, C. W., MUKIIRA, C., BRINTON, J., MUTUA, M., IZUGBARA, C., BIRUNGI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014.
Proportion of abortion-related deaths due to [x cause]	(5) Abortion impact	Mortality measures	Number of women who died due to [x] cause	Total number of abortion-related deaths	national death register	yes	no	no	no	no	no	no	(1) GISSLER, M., KARALIS, E. & ULANDER, V. M. 2015. Decreased suicide rate after induced abortion, after the Current Care Guidelines in Finland 1987-2012. <i>Scand J Public Health</i> , 43, 99-101.
Proportion of maternal deaths due to abortion	(5) Abortion impact	Mortality measures	Number of abortion-related deaths	Number of maternal deaths	Retrospective review of clinical records; Global Burden of Disease study; prospective facility-based study; demographic surveillance system	yes	no	no	no	no	yes	no	(1) MINKOBAME, U., MAYI-TSONGA, S., OBIANG, P. A., KOMBA, O. M., ELLA, J. M., MEYE, J. F. & FAUNDES, A. 2018. Transient reduction in abortion-related lethality after interventions to reduce delays in provision of care at Centre Hospitalier de Libreville, Gabon. <i>Int J Gynaecol Obstet</i> . (2) TESSEMA, G. A., LAURENCE, C. O., MELAKU, Y. A., MISSONAW, A., WOLDE, S. A., HIRUYE, A., AMARE, A. T., LAKEW, Y., ZEZEKE, B. M. & DERIBEW, A. 2017. Trends and causes of maternal mortality in Ethiopia during 1990-2013: findings from the Global Burden of Diseases study 2013. <i>BMC Public Health</i> , 17, 160. (3) SAYNZOGA, F., BULMAKERS, L., VAN DER VELDEN, K. & VAN DILLEN, J. 2017. Severe maternal outcomes and quality of care at district hospitals in Rwanda: a multicentre prospective case-control study. <i>BMC Pregnancy Childbirth</i> , 17, 394. (4) BARREIX, M., TUNCALP, O., MUTOMBO, N., ADEGBOYE, A. A. & SAY, L. 2017. Experience from a multi-country initiative to improve the monitoring of selected reproductive health indicators in Africa. <i>Int J Gynaecol Obstet</i> , 137, 205-212. (5) BRIOZZO, L., GOMEZ PONCE DE LEON, R., TOMASSO, G. & FAUNDES, A. 2016. Overall and abortion-related maternal mortality rates in Uruguay over the past 25 years and their association with policies and actions aimed at protecting women's rights. <i>Int J Gynaecol Obstet</i> , 134, S20-S23. (6) KOCH, E. 2013. Impact of reproductive laws on maternal mortality: the Chilean natural experiment. <i>Linacre</i> 0, 80, 151-60. (7) VICTORA, G. G., AZUJO, E. M., DO CARMO LEAL, M., MONTEIRO, C. A., BARROS, F. C. & SZWARCOWALD, C. L. 2011. Maternal and child health in Brazil: progress and challenges. <i>Lancet</i> , 377, 1863-76. (8) SHARAN, M., AHMED, S., GHEBREHIWET, M. & ROGO, K. 2011. The quality of the maternal health system in Eritrea. <i>Int J Gynaecol Obstet</i> , 115, 244-50. (9) KONGNYUY, E. J., MALAVA, G. & VAN DEN BROEK, N. 2009. Facility-based maternal death review in three districts in the central region of Malawi: an analysis of causes and characteristics of maternal deaths. <i>Women's Health Issues</i> , 19, 14-20. (10) MLLS, S., WILLIAMS, J. E., WAK, G. & HODGSON, A. 2008. Maternal mortality decline in the Kasesa health area district of northern Malawi. <i>Malawi Medical Journal</i> , 19, 57-61.

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
60	Proportion of PAC admissions resulting in death	(5) Abortion impact	Mortality measures	Number of cases resulting in death	Total number of PAC admissions	Prospective facility-based study, retrospective review of clinical records	yes	yes	no	no	no	no	no	(1) OWOLABI, O. O., CRESSWELL, J. A., WALKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) MELESE, T., HABTE, D., TSIMA, B. W., MOCOBE, K. D., CHABAESSELE, K., RANKOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERI-NTHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0169287. (3) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HAILEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int J Perspect Sex Reprod Health</i> , 42, 121-130.
61	Proportion of abortion-related adverse events that resulted in a death	(5) Abortion impact	Mortality measures	Number of abortion-related adverse events that resulted in death	Total number of abortion-related adverse events	Prospective cohort study	no	yes	no	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. <i>Contraception</i> , 96, 1-13.
62	Proportion of abortion clients who believe that women should be given a choice between MA and MVA	(7) Characteristics of women who have abortion and abortion outcomes	Women's knowledge and perceptions	Number of women who believed that women should be given a choice between MA and MVA	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
63	Proportion of abortion clients who believed that MA should be made available in primary and secondary health care facilities	(7) Characteristics of women who have abortion and abortion outcomes	Women's knowledge and perceptions	Number of women who believed that MA should be made available in primary & secondary health care facilities	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
64	Proportion of health providers who believed that their patients face resistance from partners or family members when seeking late TOP	(1) Abortion access & availability	Provider beliefs & attitudes	Number of health providers who believed that their patients face resistance from partners or family members when seeking late TOP	Total number of health workers interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-6.
65	Proportion of health providers who reported that their facility does not provide late TOP services due to community resistance or anti-abortion activism	(1) Abortion access & availability	Provider beliefs & attitudes	Number of health providers who reported that their facility does not provide late TOP services due to community resistance or anti-abortion activism	Total number of health workers interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHIER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-6.
66	Proportion of individuals in community who judge or blame PAC clients for their situation	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of community members who judge or blame PAC clients for their situation	Total number of community members	Aspirational description	no	no	no	no	no	no	no	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. <i>EngenderHealth</i> .
67	Grounds under which abortion is legal	(6) Social & policy context	Laws & regulation	Grounds under which abortion is legal	n/a	policy review	no	no	no	no	no	no	yes	(1) Guttmacher Institute. 2015. Sexual and Reproductive Health and Rights Indicators for the SDGs. Access on 19th August 2019 at: https://www.guttmacher.org/sites/default/files/report_pdf/srhr-indicators-post-2015-recommendations.pdf (2) Variation in: MEASURE EVALUATION. Postabortion Care. Available from: https://www.measureevaluation.org/pr/hrh_indicators/womens-health/pac . Accessed on: 15th August 2019
68	State/region/country has law requiring parental involvement for an unmarried teen minor to receive an abortion	(6) Social & policy context	Laws & regulation	State/region/country has law requiring parental involvement for an unmarried teen minor to receive an abortion	n/a	policy review	no	no	no	no	no	no	yes	(1) MEDOFF, M. H. 2014. The relationship between restrictive state abortion laws and postpartum depression. <i>Soc Work Public Health</i> , 29, 481-90.
69	State/region/country has law requiring providers to offer women medical information about abortion prior to the procedure	(6) Social & policy context	Laws & regulation	State/region/country has law requiring providers to offer women medical information about abortion prior to the procedure	n/a	policy review	no	no	no	no	no	no	yes	(1) MEDOFF, M. H. 2014. The relationship between restrictive state abortion laws and postpartum depression. <i>Soc Work Public Health</i> , 29, 481-90.
70	State/region/country has law requiring women requesting an abortion to receive counseling before the procedure can be performed	(6) Social & policy context	Laws & regulation	State/region/country has law requiring women requesting an abortion to receive counseling before the procedure can be performed	n/a	policy review	no	no	no	no	no	no	yes	(1) MEDOFF, M. H. 2014. The relationship between restrictive state abortion laws and postpartum depression. <i>Soc Work Public Health</i> , 29, 481-90.
71	State/region/country has law requiring women requesting an abortion to wait [X] hours before the procedure can be performed	(6) Social & policy context	Laws & regulation	State/region/country has law requiring women requesting an abortion to wait [X] hours before the procedure can be performed	n/a	policy review	no	no	no	no	no	no	yes	(1) MEDOFF, M. H. 2014. The relationship between restrictive state abortion laws and postpartum depression. <i>Soc Work Public Health</i> , 29, 481-90.
72	State/region/country has law restricting use of public funding for abortion	(6) Social & policy context	Laws & regulation	State/region/country has law restricting use of public funding for abortion	n/a	policy review	no	no	no	no	no	no	yes	(1) MEDOFF, M. H. 2014. The relationship between restrictive state abortion laws and postpartum depression. <i>Soc Work Public Health</i> , 29, 481-90.
73	State/region/country restrictive abortion policy index	(6) Social & policy context	Laws & regulation	A score calculated for each state based on whether or not it has each of 13 abortion restriction laws enacted	n/a	Policy review	no	no	no	no	no	no	yes	(1) MEDOFF, M. 2016. Pro-Choice Versus Pro-Life: The Relationship Between State Abortion Policy and Child Well-Being in the United States. <i>Health Care Women Int</i> , 37, 158-69.
74	Number of communities involved in PAC policymaking	(6) Social & policy context	Policy context	Number of communities involved in PAC policymaking	n/a	Meeting agenda and attendance lists, focus group discussions and/or key informant interviews*	no	no	no	no	no	no	yes	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. <i>EngenderHealth</i> . (2) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: https://abortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
75	Proportion of countries that faced barriers related to a lack of incentives/poor motivation when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to a lack of incentives/poor motivation when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZADI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. <i>Int J Gynaecol Obstet</i> , 110 Suppl, S38-42.
76	Proportion of countries that faced barriers related to changes in MCH staff/authorities when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to changes in MCH staff/authorities when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZADI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. <i>Int J Gynaecol Obstet</i> , 110 Suppl, S38-42.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
621	Proportion of countries that faced barriers related to inadequate registration and lack of data on abortion when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to inadequate registration and lack of data on abortion when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
622	Proportion of countries that faced barriers related to inertia in health and political spheres when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to inertia in health and political spheres when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
623	Proportion of countries that faced barriers related to insufficient dissemination of information when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to insufficient dissemination of information when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
624	Proportion of countries that faced barriers related to insufficient resources and infrastructure when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to insufficient resources and infrastructure when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
625	Proportion of countries that faced barriers related to lack of commitment/reproductive health policy in the MOH when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to lack of commitment/reproductive health policy in the MOH when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
626	Proportion of countries that faced barriers related to lack of coordination with or among NGOs when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to lack of coordination with or among NGOs when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
627	Proportion of countries that faced barriers related to lack of coordination with the MOH when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to lack of coordination with the MOH when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
628	Proportion of countries that faced barriers related to opposition of conservative groups when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to opposition of conservative groups when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
629	Proportion of countries that faced barriers related to overly ambitious plans when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to overly ambitious plans when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
630	Proportion of countries that faced barriers related to sensitivity around abortion as a subject matter when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to sensitivity around abortion as a subject matter when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
631	Proportion of countries that faced barriers related to the competing priorities of the focal person when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to the competing priorities of the focal person when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
632	Proportion of countries that faced barriers related to the lack of commitment of the OB/GYN society when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to the lack of commitment of the OB/GYN society when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
633	Proportion of countries that faced barriers related to the migration of health professionals when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to the migration of health professionals when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
634	Proportion of countries that faced barriers related to the political situation/proximity of elections when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to the political situation/proximity of elections when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
635	Proportion of countries that faced barriers related to the poor motivation or lack of time of OB/GYN society members when trying to implement their action plan for the prevention of unsafe abortion	(6) Social & policy context	Policy context	Number of countries that faced barriers related to the poor motivation or lack of time of OB/GYN society members when trying to implement their action plan for the prevention of unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
636	Proportion of countries that had [X] level of public funding for abortion	(6) Social & policy context	Policy context	Number of countries with [X] level of public funding for abortion	Total number of countries that permit abortion for economic/social reasons, upon request, or liberally interprets the physical/mental health exceptions in practice	Policy review, email questionnaire	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
637	Proportion of countries that had implemented their action plan for the FIGO Initiative for the Prevention of Unsafe Abortion [as planned/below expectations/above expectations]	(6) Social & policy context	Policy context	Number of countries that had implemented their action plan for the FIGO Initiative for the Prevention of Unsafe Abortion [as planned/below expectations/above expectations]	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
644	Proportion of countries that reported that FIGO's leadership/strength of their initiative for the Prevention of Unsafe Abortion facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that FIGO's leadership/strength of their initiative for the Prevention of Unsafe Abortion facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
645	Proportion of countries that reported that incorporating their action plan for the prevention of unsafe abortion into the MOH agenda facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that incorporating their action plan for the prevention of unsafe abortion into the MOH agenda facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
646	Proportion of countries that reported that leadership, good coordination, and dialogue with local NGOs facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that leadership, good coordination, and dialogue with local NGOs facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
647	Proportion of countries that reported that monitoring visits and improved inter-institutional coordination facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that monitoring visits and improved inter-institutional coordination facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
648	Proportion of countries that reported that persistence of the regional coordinator facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that persistence of the regional coordinator facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
649	Proportion of countries that reported that regional workshops & opportunities to meet collaborating agencies facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that regional workshops & opportunities to meet collaborating agencies facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
650	Proportion of countries that reported that support and encouragement of the general coordinator facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that support and encouragement of the general coordinator facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
651	Proportion of countries that reported that the good relationship/coordination between the OB/GYN society and MOH facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that the good relationship/coordination between the OB/GYN society and MOH facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
652	Proportion of countries that reported that the commitment of collaborating agencies facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that the commitment of collaborating agencies facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
653	Proportion of countries that reported that the commitment of the OB/GYN society facilitated the implementation of their plan of action for preventing unsafe abortion	(6) Social & policy context	Policy context	Number of countries that reported that the commitment of the OB/GYN society facilitated the implementation of their plan of action for preventing unsafe abortion	Total number of countries assessed	Assessments completed by country focal persons	no	no	no	no	no	no	yes	(1) FAUNDES, A. & ZAIDI, S. 2010. Prevention of unsafe abortion: analysis of the current situation and the task ahead. Int J Gynaecol Obstet, 110 Suppl, S38-42.
654	Proportion of women living in "hostile" abortion policy environment	(6) Social & policy context	Policy context	Number of women aged 15-44 years living in states that enacted 4 or more of the restrictions on Guttmacher's 2014 ten categories of major abortion restrictions list	Total number of women aged 15-44 years	National census	no	no	no	no	no	yes	no	(1) JONES, R. K., INGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. Womens Health Issues, 28, 212-218.
655	Proportion of women living in "middle-ground" abortion policy environment	(6) Social & policy context	Policy context	Number of women aged 15-44 years living in states that enacted 2-3 of the restrictions on Guttmacher's 2014 ten categories of major abortion restrictions list	Total number of women aged 15-44 years	National census	no	no	no	no	no	yes	no	(1) JONES, R. K., INGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. Womens Health Issues, 28, 212-218.
656	Proportion of women living in "supportive" liberal abortion policy environment	(6) Social & policy context	Policy context	Number of women aged 15-44 years living in states that enacted 0-1 of the restrictions on Guttmacher's 2014 ten categories of major abortion restrictions list	Total number of women aged 15-44 years	National census	no	no	no	no	no	yes	no	(1) JONES, R. K., INGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. Womens Health Issues, 28, 212-218. (2) SEDGH, G., SINGH, S., SHAH, I. H., AHMAN, E., HENSHAW, S. K. & BANKOLE, A. 2012. Induced abortion: incidence and trends worldwide from 1995 to 2008. Lancet, 379, 625-32.
657	Proportion of women that live in a country with [X] level of public funding for abortion	(6) Social & policy context	Policy context	Number of women that live in a country with [X] level of public funding for abortion	Total number of women living in countries that permit abortion for economic/social reasons, upon request, or liberally interprets the physical/mental health exceptions in practice	Policy review, email questionnaire, world population estimates	no	no	no	no	no	yes	yes	(1) GROSSMAN, D., GRINDLAY, K. & BURNS, B. 2016. Public funding for abortion where broadly legal. Contraception, 94, 453-460.
658	Number of organizations or programs with changed policies to support PAC services	(6) Social & policy context	Policy context	Number of organizations or programs with changed policies to support PAC services	N/A	Legal and regulatory reviews, actual policy documents with evidence of government approval, and submissions for approval	no	no	no	no	no	no	yes	(1) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
650	Number of USAID Missions with quality strategic or operational plans that include PAC services	(6) Social & policy context	Policy context	Number of USAID Missions with quality strategic or operational plans that include PAC services	n/a	USAID Mission strategic plans, operational plans and budgets*	no	no	no	no	no	no	yes	(1) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
651	Number of countries with existence of policies, plans and guidelines that promote access to and/or quality abortion care	(6) Social & policy context	Policy context	Number of countries with existence of policies, plans and guidelines that promote access to and/or quality abortion care	N/A	Policy, plan and guideline documents*	no	no	no	no	no	no	yes	(1) USAID (2004) USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
652	Number of abortions averted due to contraceptive use	(6) Social & policy context	Reproductive health context	Number of unintended pregnancies averted by use of modern contraception multiplied by proportion of unintended pregnancies that end in induced abortion	n/a	HMIS, special country studies	yes	no	no	no	no	no	no	(1) ASKEW, L, WEINBERGER, M., DASGUPTA, A., DARRROCH, J., SMITH, E., STOVER, J. & YAHNER, M. 2017. Harmonizing Methods for Estimating the Impact of Contraceptive Use on Unintended Pregnancy, Abortion, and Maternal Health. <i>Glob Health Sci Pract</i> , 5, 658-667.
653	Proportion of abortion-providing facilities with a "hostile" abortion policy environment	(6) Social & policy context	Reproductive service context	Number of facilities offering abortion services located in areas that enacted 4 or more of the restrictions on Guttmacher's 2014 ten categories of major abortion restrictions list	Total number of abortion-providing facilities	Abortion provider census	no	no	no	no	yes	no	no	(1) JONES, R. K., NGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Womens Health Issues</i> , 28, 212-218.
654	Proportion of abortion-providing facilities with a "middle-ground" abortion policy environment	(6) Social & policy context	Reproductive service context	Number of facilities offering abortion services located in areas that enacted 2-3 of the restrictions on Guttmacher's 2014 ten categories of major abortion restrictions list	Total number of abortion-providing facilities	Abortion provider census	no	no	no	no	yes	no	no	(1) JONES, R. K., NGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Womens Health Issues</i> , 28, 212-218.
655	Proportion of abortion-providing facilities with a "supportive" abortion policy environment	(6) Social & policy context	Reproductive service context	Number of facilities offering abortion services located in areas that enacted 0-1 of the restrictions on Guttmacher's 2014 ten categories of major abortion restrictions list	Total number of abortion-providing facilities	Abortion provider census	no	no	no	no	yes	no	no	(1) JONES, R. K., NGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Womens Health Issues</i> , 28, 212-218.
656	Proportion of facility-based abortions that were provided in states/countries/regions with a "hostile" abortion policy environment	(6) Social & policy context	Reproductive service context	Number of facility-based abortions that were provided in states/countries/regions that enacted 4 or more of the restrictions on Guttmacher's 2014 ten categories of major abortion restrictions list	Total number of facility-based abortions	Abortion provider census/facility records	yes	no	no	no	yes	no	no	(1) JONES, R. K., NGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Womens Health Issues</i> , 28, 212-218.
657	Proportion of facility-based abortions that were provided in states/countries/regions with a "middle-ground" abortion policy environment	(6) Social & policy context	Reproductive service context	Number of facility-based abortions that were provided in states/countries/regions that enacted 2-3 of the restrictions on Guttmacher's 2014 ten categories of major abortion restrictions list	Total number of facility-based abortions	Abortion provider census/facility records	yes	no	no	no	yes	no	no	(1) JONES, R. K., NGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Womens Health Issues</i> , 28, 212-218.
658	Proportion of facility-based abortions that were provided in states/countries/regions with a "supportive" abortion policy environment	(6) Social & policy context	Reproductive service context	Number of facility-based abortions that were provided in states/countries/regions that enacted 0-1 of the restrictions on Guttmacher's 2014 ten categories of major abortion restrictions list	Total number of facility-based abortions	Abortion provider census/facility records	yes	no	no	no	yes	no	no	(1) JONES, R. K., NGERICK, M. & JERMAN, J. 2018. Differences in Abortion Service Delivery in Hostile, Middle-ground, and Supportive States in 2014. <i>Womens Health Issues</i> , 28, 212-218.
659	Proportion of health providers who reported that their facility does not provide late TOP services due to reluctance of hospital staff to participate in procedures	(6) Social & policy context	Reproductive service context	Number of health workers who reported that their facility does not provide late TOP services due to reluctance of hospital staff to participate in procedures	Total number of health workers interviewed	Health provider survey	no	no	no	no	yes	no	no	(1) JACOBS, A. R., DEAN, G., WASENDA, E. J., PORSCH, L. M., MOSHER, E. L., LUTHY, D. A. & PAUL, M. E. 2015. Late termination of pregnancy for lethal fetal anomalies: a national survey of maternal-fetal medicine specialists. <i>Contraception</i> , 91, 12-8.
660	Proportion of IPPF member organizations advocating for reduced restrictions and/or increased access to safe/legal abortion	(6) Social & policy context	Reproductive service context	Number of IPPF member organizations advocating for reduced restrictions and/or increased access to safe/legal abortion	Number of IPPF member organizations	Survey of IPPF member organizations	no	no	no	no	no	no	yes - survey of IPPF member organizations	(1) International Planned Parenthood Federation, 2009. Putting the IPPF Monitoring and Evaluation Policy into Practice. Accessed on 14th August 2019 from: https://www.ipff.org/sites/default/files/ipffmonitoringevaluationhandbook.pdf
661	Proportion of IPPF member organizations conducting information, education and communication activities on the nature of (un)safe abortion, the legal status of abortion and the availability of abortion services	(6) Social & policy context	Reproductive service context	Number of IPPF member organizations conducting information, education and communication activities on the nature of (un)safe abortion, the legal status of abortion and the availability of abortion services	Number of IPPF member organizations	Survey of IPPF member organizations	no	no	no	no	no	no	yes - survey of IPPF member organizations	(1) International Planned Parenthood Federation, 2009. Putting the IPPF Monitoring and Evaluation Policy into Practice. Accessed on 14th August 2019 from: https://www.ipff.org/sites/default/files/ipffmonitoringevaluationhandbook.pdf
662	Abortion rate by age	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of abortions in age group [X]	Number of women in age group [X]	Facility records, health information system	yes	no	no	no	no	no	no	(1) Centre for Disease Control and Prevention. 2017. Abortion Surveillance - United States, 2014. <i>Morbidity and Mortality Weekly Report</i> , 66: 24 (2) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortion_stats_England_Wales_2016.pdf
663	Abortion rate for adolescents	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of abortions in adolescents	Number of female adolescents	Facility records	yes	no	no	no	no	no	no	(1) Centre for Disease Control and Prevention. 2017. Abortion Surveillance - United States, 2014. <i>Morbidity and Mortality Weekly Report</i> , 66: 24
664	Age standardised abortion rate per 1000 women aged 15-44	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Total number of abortions predicted if age-specific abortion rates are applied to population numbers in European Standard Population	Total population number of women 15-44 in European Standard Population	European Standard Population Numbers; health information system	yes	no	no	no	no	no	yes	(1) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortion_stats_England_Wales_2016.pdf

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
674	Mean age of women who receive facility-based abortion/PAC care	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of age for all abortion clients	Total number of abortion clients	Retrospective review of clinical records; prospective facility-based study	yes	yes	no	no	no	no	(1) JOHNSON, B. R., JR., MAKSUTOVA E., BOBOKOVA A., DAVLETOVA A., KAZAKBAEVA C., KONDRAEVA Y., LANDOULSI S., LAZDANE, G., MONOLBAEV, K. & SEUC JO, A. H. 2018. Provision of medical abortion by midlevel healthcare providers in Kyrgyzstan: testing an intervention to expand safe abortion services to underserved rural and periurban areas. <i>Contraception</i> , 97, 160-166. (2) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (3) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763.
675	Mean body mass index (BMI) among abortion care clients	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of previous BMI for all abortion clients	Total number of abortion clients	Retrospective review of clinical records	yes	no	no	no	no	no	(1) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763. (2) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7. (3) AGOSTINI, A., MARUANI, J., ROBLIN, P., CHAMPION, J., CRAVELLO, L. & GAMERRE, M. 2012. A double-blind, randomized controlled trial of the use of a 50/50 mixture of nitrous oxide/oxygen in legal abortions. <i>Contraception</i> , 86, 79-83.
676	Mean crown-rump length among abortion clients	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of reported crown-rump lengths among abortion clients	Total number of abortion clients	health facility records	yes	no	yes	no	no	no	(1) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
677	Mean gestational age among abortion clients	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of reported gestational ages of abortion clients	Total number of abortion clients	Client exit interviews; clinical records	yes	no	yes	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (2) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7. (3) ANDERSEN, K., GANATRA, B., STUCKE, S., BAGNETT, E., KARIK, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (4) AGOSTINI, A., MARUANI, J., ROBLIN, P., CHAMPION, J., CRAVELLO, L. & GAMERRE, M. 2012. A double-blind, randomized controlled trial of the use of a 50/50 mixture of nitrous oxide/oxygen in legal abortions. <i>Contraception</i> , 86, 79-83.
678	Mean gestational sac size among abortion clients	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of reported gestational sac sizes of abortion clients	Total number of abortion clients	health facility records	yes	no	no	no	no	no	(1) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
679	Mean height of women requesting an abortion/PAC	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of height for all abortion clients	Total number of abortion clients	Retrospective review of clinical records; prospective facility-based study	yes	yes	no	no	no	no	(1) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763. (2) QAO, W., SHI, B., ZHOU, Y., FAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Antif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
680	Mean number of previous attempts to terminate index pregnancy	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of reported numbers of previous attempts to end index pregnancy	Total number of abortions reported	Population survey	no	no	no	no	yes	no	(1) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp.140-148.
681	Mean number of previous births among abortion care clients	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of previous births for all abortion clients	Total number of abortion clients	Prospective facility-based study; retrospective review of clinical records; population survey	yes	yes	no	no	yes	no	(1) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763. (3) ANDERSEN, K., GANATRA, B., STUCKE, S., BAGNETT, E., KARIK, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (4) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp.140-148.
682	Mean number of previous pregnancy losses among women admitted for abortion-related morbidities	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of previous pregnancy losses for all abortion-related admissions	Total number of women admitted for abortion-related morbidity	Prospective facility-based study; retrospective review of clinical records	yes	yes	no	no	no	no	(1) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174.

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
663	Mean or median number of previous pregnancies among abortion clients	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Mean or median number of previous pregnancies among abortion clients	Client exit interviews, prospective facility-based study, retrospective review of clinical records	yes	yes	yes	no	no	no	no	(1) AGOSTINI, A., MARJANI, J., ROBLIN, P., CHAMPION, J., CRAVELLO, L. & GAMERRE, M. 2012. A double-blind, randomized controlled trial of the use of a 50/50 mixture of nitrous oxide/oxygen in legal abortions. <i>Contraception</i> , 86, 79-83. (2) CWICLARI, O. G., CHRESSWELL, J. A., WVALIKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (3) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763. (4) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-9. (5) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, I., KARIGI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9.
664	Mean weight of women requesting an abortion/PAC	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of weight for all abortion clients	Retrospective review of clinical records; prospective facility-based study	yes	yes	no	no	no	no	no	(1) MCLEMORE, M. R. & AZTLAN, E. A. 2017. Retrospective Evaluation of the Procedural Sedation Practices of Expert Nurses During Abortion Care. <i>J Obstet Gynecol Neonatal Nurs</i> , 46, 755-763. (2) GAO, W., SHI, B., ZHAO, Y., PAN, Z., LIU, L. & SHEN, X. 2017. Comparison of simultaneous and sequential administration of fentanyl-propofol for surgical abortion: a randomized single-blinded controlled trial. <i>Artif Cells Nanomed Biotechnol</i> , 45, 1045-1050.
665	Median number of previous children among abortion clients	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Median number of previous children among abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(2) AGOSTINI, A., MARJANI, J., ROBLIN, P., CHAMPION, J., CRAVELLO, L. & GAMERRE, M. 2012. A double-blind, randomized controlled trial of the use of a 50/50 mixture of nitrous oxide/oxygen in legal abortions. <i>Contraception</i> , 86, 79-83.
666	Percentage of clients served by PAC programs who are members of vulnerable or underserved populations	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of clients service by PAC programmes who are members of vulnerable or underserved populations	Number of clients served by PAC programs	National program records and private and NGO records*	yes	no	no	no	no	no	(1) Escandon I & Tsuyuki K. 2006. Indicators for the Essential Elements of Postabortion Care. EngenderHealth. (2) USAID 2004 USAID Postabortion Care Strategy Paper. Accessed from: postabortioncare.org/sites/pac/files/USAID_PAC_Strategy.pdf on 6th September 2019
667	Proportion of abortion clients by age (group)	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients by age	Total number of abortion clients	Retrospective review of clinical records, web survey of MA users, client exit interviews, prospective morbidity study, population survey, health facility records, health information system	yes	yes	yes	no	yes	yes	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAENSELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. <i>PLoS One</i> , 12, e0166297. (2) CAVET, S., FIALA, C., SCEMAMA, A. & PARTOUCHE, H. 2017. Assessment of pain during medical abortion with home use of misoprostol. <i>Eur J Contracept Reprod Health Care</i> , 22, 207-211. (3) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37. (4) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int J Gynaecol Obstet</i> , 128, 121-130. (5) MANANDHAR, S., EL AYADI, A. M., BUTTRICK, E., HOSANG, P. & MILLER, S. 2015. The Role of the Nonpneumatic Antishock Garment in Reducing Blood Loss and Mortality Associated with Post-Abortion Hemorrhage. <i>Stud Fam Plann</i> , 46, 281-86. (6) KALLANJIPHILL, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4. (7) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33. (8) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (9) MUMAH, J., KABIRU, C. W., MUKIRIA, C., BRINTON, J., MUTUA, M., LUOGARIA, C., BIRJINGI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a county profile. Nairobi, Kenya. African Population and Health Research Center, 2014. (10) KEENAN, K., GRUNDY, E., KENWARD, M. G. & LEON, D. A. 2014. Women's risk of repeat abortions
668	Proportion of abortion clients for whom fetal heart tones were detected	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients for whom fetal heart tones were detected	Total number of abortion clients	health facility records	yes	no	no	no	no	no	(1) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
669	Proportion of abortion clients that reported [x] smoking status	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women who reported [x] smoking status (current smoker, ex-smoker, non-smoker)	Total number of abortion clients	Population survey	no	no	no	no	yes	no	(1) KEENAN, K., GRUNDY, E., KENWARD, M. G. & LEON, D. A. 2014. Women's risk of repeat abortions is strongly associated with alcohol consumption: a longitudinal analysis of a Russian national panel study, 1994-2009. <i>PLoS One</i> , 9, e90356.
670	Proportion of abortion clients that reported drinking alcohol with [x] frequency	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women who reported drinking alcohol with [x] frequency	Total number of abortion clients	Population survey	no	no	no	no	yes	no	(1) KEENAN, K., GRUNDY, E., KENWARD, M. G. & LEON, D. A. 2014. Women's risk of repeat abortions is strongly associated with alcohol consumption: a longitudinal analysis of a Russian national panel study, 1994-2009. <i>PLoS One</i> , 9, e90356.
671	Proportion of abortion clients who are having a repeat abortion	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients who reported that this was their second or higher abortion	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
652	Proportion of abortion clients who reported experiencing blood loss during their pregnancy	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women who reported experiencing blood loss during their pregnancy	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
653	Proportion of abortion clients who reported experiencing nausea during their pregnancy	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women who reported experiencing nausea during their pregnancy	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
654	Proportion of abortion clients who reported experiencing pelvic pain during their pregnancy	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women who reported experiencing pelvic pain during their pregnancy	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
655	Proportion of abortion clients who reported experiencing vomiting during their pregnancy	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women who reported experiencing vomiting during their pregnancy	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
656	Proportion of abortion clients who were [x] age at the time of their first abortion	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women of [x] age at the time of their first abortion	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52.
657	Proportion of abortion clients whose last delivery was [x] years ago	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients whose last delivery was [x] years ago	Total number of abortion clients	prospective facility-based study	no	yes	no	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
658	Proportion of abortion clients whose number of live births are [equal to/less than/greater than] their number of previous deliveries	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients whose number of live births are [equal to/less than/greater than] their number of previous deliveries	Total number of abortion clients	prospective facility-based study	no	yes	no	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
659	Proportion of abortion clients whose yolk sac was identified	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients whose yolk sac was identified	Total number of abortion clients	health facility records	yes	no	no	no	no	no	no	(1) JACKSON, A. V., DAYANANDA, I., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
700	Proportion of abortion clients with [X] number of previous abortions	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women with [X] number of previous abortions	Total number of abortion clients interviewed	Prospective cohort study; retrospective review of clinical records; web survey of MA users; client exit interviews; health facility records; health information system	yes	yes	yes	no	no	no	yes	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAEESELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORERINTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service Is Not Legalized. <i>PLoS One</i> , 12, e0166297. (2) CAVET, S., FIALA, C., SCEMAMA, A. & PARTOUCHE, H. 2017. Assessment of pain during medical abortion with home use of misoprostol. <i>Eur J Contracept Reprod Health Care</i> , 22, 207-211. (3) GERTSIS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE, CATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64. (4) GERREHWOT, Y., FETTERS, T., GERSELESSE, H., MOORE, A., HALEMANHAM, M., OBIASA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (5) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33. (6) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (7) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8. (8) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53. (9) Centre for Disease Control and Prevention. 2017. Abortion Surveillance - United States, 2014. <i>Morbidity and Mortality Weekly Report</i> , 66: 28. (10) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2018 from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/724442/abortion-statistics-england-and-wales-2016.pdf
701	Proportion of abortion clients with [x] number of sons	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients with [x] number of sons	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	no	(1) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8.

A	B	C	D	E	F	G	H	I	J	K	L	M	N
Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
700	Proportion of abortion clients with [X] parity	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients with [X] parity	Total number of abortion clients	Retrospective review of clinical records, client exit interviews, health information system	yes	no	yes	no	no	no	(1) MELESE, T., HABTE, D., TSIMA B. M., MOGOBE, K. D., CHABAEESELE, K., RANKGOANE, G., KEAKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MOREH-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Services Is Not Legalized. <i>PLoS One</i> , 12, e0166287. (2) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, E., KEEFE-CATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64. (3) MANANDHAR, S., EL AYADI, A. M., BUTTRICK, E., HOSANG, R. & MILLER, S. 2015. The Role of the Nonpneumatic Antishock Garment in Reducing Blood Loss and Morbidity Associated with Post-Abortion Hemorrhage. <i>Stud Fam Plann</i> , 46, 281-96. (4) JACKSON, A. V., DAYANANDA, L., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7. (5) REGMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7. (6) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
701	Proportion of abortion clients with [x] previous pregnancies	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients with [x] previous pregnancies	Total number of abortion clients	Web survey of MA users, client exit interviews, health facility records, prospective morbidity study	yes	yes	yes	no	no	yes	(1) CAVET, S., FIALA, C., SCEMAMA, A. & PARTOUCHE, H. 2017. Assessment of pain during medical abortion with home use of misoprostol. <i>Eur J Contracept Reprod Health Care</i> , 22, 207-211. (2) GEBREHWOT, Y., FETTERS, T., GEBRESELESSIE, H., MOORE, A., HALEMARIM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (3) KALLANI-PHILLI, L., GEBRESELESSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4. (4) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8. (5) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
702	Proportion of abortion clients with [x] previous miscarriages or ectopic pregnancies	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number abortion clients with [x] previous miscarriages or ectopic pregnancies	Total number of abortion clients	Health information system	yes	no	no	no	no	no	(1) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
703	Proportion of abortion clients with a history of c-section	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients with a history of c-section	Total number of abortion clients	health facility records	yes	no	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8. (2) JACKSON, A. V., DAYANANDA, L., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
704	Proportion of abortion clients with a history of self-medication with abortion pills without medical consultation	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of clients with a history of self-medication with abortion pills without medical consultation	Total number of abortion clients	Retrospective review of clinical records	yes	no	no	no	no	no	(1) NINDETA, K. & SHANTHINI, F. 2015. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Q021-4.
705	Proportion of abortion clients with a history of abnormal pap smears	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients with a history of abnormal pap smears	Total number of abortion clients	health facility records	yes	no	no	no	no	no	(1) JACKSON, A. V., DAYANANDA, L., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
706	Proportion of abortion clients with a history of cervical treatment	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women with a history of cervical treatment	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
707	Proportion of abortion clients with a history of dysmenorrhea	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women with a history of dysmenorrhea	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.
708	Proportion of abortion clients with a previous uterine scar	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients with a previous uterine scar	Total number of abortion clients	prospective facility-based study	no	yes	no	no	no	no	(1) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PINTO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. <i>Int J Gynaecol Obstet</i> , 119, 44-8.
709	Proportion of abortion clients with a small cervix	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women with a small cervix	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) GAGNE, A., GUILBERT, E., OUELLET, J., ROY, V. & TREMBLAY, J. G. 2010. Assessment of pain after elective abortion relating to the use of misoprostol for dilatation of the cervix. <i>J Obstet Gynaecol Can</i> , 32, 244-53.

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
712	Proportion of abortion users classified with [x] drinking pattern	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women classified with [x] drinking pattern (abstainer, non-binge drinker, binge drinker)	Total number of abortion users	Population survey	no	no	no	no	yes	no	(1) KEENAN, K., GRUNDY, E., KENWARD, M. G. & LEON, D. A. 2014. Women's risk of repeat abortions is strongly associated with alcohol consumption: a longitudinal analysis of a Russian national panel study, 1994-2009. <i>PLoS One</i> , 9, e99396.
713	Proportion of abortions accounted for by adolescents aged 15-19	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortions amongst adolescents aged 15-19	Total number of abortions in population	Facility records	yes	no	no	no	no	no	(1) Centre for Disease Control and Prevention. 2017. <i>Abortion Surveillance - United States, 2014</i> . <i>Morbidity and Mortality Weekly Report</i> , 66, 24.
714	Proportion of abortions by gestational age group	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortions amongst gestational age group [X]	Total number of abortions in population	Facility records, health information system	yes	no	no	no	no	no	(1) Centre for Disease Control and Prevention. 2017. <i>Abortion Surveillance - United States, 2014</i> . <i>Morbidity and Mortality Weekly Report</i> , 66, 26. (2) Department of Health. 2018. <i>Abortion Statistics, England and Wales: 2016</i> . Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
715	Proportion of PAC clients who reported previous spontaneous abortion	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of PAC clients who reported previous spontaneous abortion	Total number of PAC clients	Prospective morbidity study	no	yes	no	no	no	no	(1) KALLANI-PHRI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAUDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 169-4. (2) JACKSON, A. V., DAYANANDA, L., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7.
716	Proportion of women with history of [x] self-medication with abortion pills	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of women with history of [x] self-medication (e.g. Severe anemia Hb<7g, Rh negative blood group, seizure disorder, cardiac disease, bronchial asthma, HIV positive, post caesarean pregnancy)	Total number of abortion clients who reported prior self-medication with abortion pills without medical consultation	Retrospective review of clinical records	yes	no	no	no	no	no	(1) NIVEDITA, K. & SHANTHINI, F. 2015. Is it Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, Qc01-4.
717	Proportion of abortion clients that want a child after two years	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients that want a child after two years	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52.
718	Proportion of abortion clients that want a child within the next two years	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients that want a child within the next two years	Total number of abortion clients	Client exit interviews, population survey	no	no	yes	no	yes	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (2) KEENAN, K., GRUNDY, E., KENWARD, M. G. & LEON, D. A. 2014. Women's risk of repeat abortions is strongly associated with alcohol consumption: a longitudinal analysis of a Russian national panel study, 1994-2009. <i>PLoS One</i> , 9, e99396.
719	Proportion of abortion clients that want no more children	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of abortion clients that want to use contraception after their procedure	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52.
720	Proportion of abortions performed due to fetal abnormality due to [X] medical condition	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of abortions due to [X] medical condition	Number of abortions undertaken taken due to fetal abnormality	Health information system	yes	no	no	no	no	no	(1) Department of Health. 2018. <i>Abortion Statistics, England and Wales: 2016</i> . Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
721	Proportion of abortions per statutory ground	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of abortions for statutory ground [X]	Total number of abortions	Health information system	yes	no	no	no	no	no	(1) Department of Health. 2018. <i>Abortion Statistics, England and Wales: 2016</i> . Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
722	Proportion of abortion clients who reported using contraception at the time of conception/pregnancy was a result of contraceptive failure	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of women who reported using contraception at the time of conception/pregnancy was a result of contraceptive failure	Total number of abortion clients	Prospective facility-based study, retrospective review of clinical records; client exit interviews	yes	yes	yes	no	no	no	(1) OWOLABI, O. O., CRESSWELL, J. A., VWALIKA, B., OSRIN, D. & FILIPPI, V. 2017. Incidence of abortion-related near-miss complications in Zambia: cross-sectional study in Central, Copperbelt and Lusaka Provinces. <i>Contraception</i> , 95, 167-174. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (3) JACKSON, A. V., DAYANANDA, L., FORTIN, J. M., FITZMAURICE, G. & GOLDBERG, A. B. 2012. Can women accurately assess the outcome of medical abortion based on symptoms alone? <i>Contraception</i> , 85, 192-7. (4) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HAILEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130.
723	Proportion of abortions clients that experienced a dead fetus in utero	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of abortions clients that experienced a dead fetus in utero	Total number of abortion clients	health facility records	yes	no	no	no	no	no	(1) PHAUMVICHIT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songkha Center Hospital. <i>J Med Assoc Thai</i> , 95, 625-9.
724	Proportion of abortions clients that experienced a threatened abortion	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of abortions clients that experienced a threatened abortion	Total number of abortion clients	health facility records	yes	no	no	no	no	no	(1) PHAUMVICHIT, T. & CHANDEYING, V. 2012. Comparison of condition specific indicators among illegal induced abortion: septic and non-septic abortion in Songkha Center Hospital. <i>J Med Assoc Thai</i> , 95, 625-9.

A	B	C	D	E	F	G	H	I	J	K	L	M	R
Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
720	Proportion of abortions due to fetal impairment	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of abortions due to fetal impairment	Total number of abortions performed	Retrospective review of clinical records; prospective study of abortion clients	yes	yes	no	no	no	no	(1) SAHIN HODOGLUOL, N. N., NGABO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. Afr J Reprod Health, 21, 82-92.
721	Proportion of abortions due to health of the mother	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of abortions due to the health of the mother	Total number of abortions performed	Retrospective review of clinical records; prospective study of abortion clients	yes	yes	no	no	no	no	(1) SAHIN HODOGLUOL, N. N., NGABO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. Afr J Reprod Health, 21, 82-92.
722	Proportion of abortions due to other obstetric reasons	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of abortions due to other obstetric reasons	Total number of abortions performed	Retrospective review of clinical records; prospective study of abortion clients	yes	yes	no	no	no	no	(1) SAHIN HODOGLUOL, N. N., NGABO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. Afr J Reprod Health, 21, 82-92.
723	Proportion of abortions that experienced a missed ectopic pregnancy	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of abortions that experienced a missed ectopic pregnancy	Total number of abortions	Prospective cohort study	no	yes	no	no	no	no	(1) TAYLOR, D., UPADHYAY, U. D., FJERSTAD, M., BATTISTELLI, M. F., WEITZ, T. A. & PAUL, M. E. 2017. Standardizing the classification of abortion incidents: the Procedural Abortion Incident Reporting and Surveillance (PAIRS) Framework. Contraception, 96, 1-13.
724	Proportion of PAC clients whose pregnancy was planned/wanted	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of PAC clients whose pregnancy was planned/unplanned/wanted/unplanned - unwanted	Total number of PAC clients	Retrospective review of clinical records	yes	no	no	no	no	no	(1) MELESE, T., HABTE, D., TSIMA, B. M., MOGOBE, K. D., CHABAASELE, K., RANKOGONNE, G., KEKABETSE, T. R., MASWEU, M., MOKOTEDI, M., MOTANA, M. & MORIEN-NTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service is Not Legalized. PLoS One, 12, e0166287.
725	Proportion of sexual violence survivors who requested an abortion	(7) Characteristics of women who have abortion and abortion outcomes	Reasons for abortion	Number of sexual violence survivors who requested an abortion	Total number of sexual violence survivors	Retrospective review of GBV center records	yes	no	no	no	no	no	(1) SAHIN HODOGLUOL, N. N., NGABO, F., ORTEGA, J., NYIRAZINYOYE, L., NGOGA, E., DUSHMEYEZU, E., KANYAMANZA, E. & PRATA, N. 2017. Making Abortion Safer in Rwanda: Operationalization of the Penal Code of 2012 to Expand Legal Exemptions and Challenges. Afr J Reprod Health, 21, 82-92.
726	Mean household income decile of abortion clients	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Sum of income decile for all abortion clients	Total number of abortion clients	Population survey	no	no	no	no	yes	no	(1) KEENAN, K., GRUNDY, E., KENWARD, M. G. & LEON, D. A. 2014. Women's risk of repeat abortions is strongly associated with alcohol consumption: a longitudinal analysis of a Russian national panel study, 1994-2009. PLoS One, 9, e09356.
727	Proportion of abortion clients from [urban/rural] area	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion clients from [urban/rural] area	Total number of abortion clients	Client exit interviews, health facility records, prospective morbidity study	yes	yes	yes	no	no	no	(1) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2009 and 2014. Int J Perspect Sex Reprod Health, 42, 121-130. (2) NIVEDITA, K. & SHANTHINI, F. 2015. Is It Safer to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. J Clin Diagn Res, 9, Q001-4. (3) KALAN-PHILLI, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAULDE, G. 2015. The severity of abortion complications in Malawi. Int J Gynaecol Obstet, 128, 160-4. (4) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. Int J Gynaecol Obstet, 125, 247-52. (5) MUMAH, J., KABIRU, C. W., MUKIRIA, C., BRINTON, J., MUTUA, M., ZUGBARA, C., BRUNGLI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a county profile. Nairobi, Kenya, African Population and Health Research Center, 2014. (6) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, J., KARIKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. BMC Public Health, 12, 9.
728	Proportion of abortion clients from [X] racial/ethnic group	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion clients from [X] ethnic group	Total number of abortion clients	Client exit interviews, prospective facility based study, service statistics, health information system	yes	yes	yes	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. Am J Public Health, 106, 857-64. (2) SANTANA, D. S., CECATTI, J. G., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SOUZA, J. P., CAMARGO, R. S., PACAGNELLA, R. C., SURITA, F. G. & PRATO, E. S. J. L. 2012. Severe maternal morbidity due to abortion prospectively identified in a surveillance network in Brazil. Int J Gynaecol Obstet, 119, 44-8. (3) K. C. N., BASNETT, J., SHARMA, S. K., BHUSAL, G. L., PARAJULI, R. & ANDERSEN, K. L. 2011. Increasing access to safe abortion services through auxiliary nurse midwives trained as skilled birth attendants. Kathmandu Univ Med J (KUMJ), 9, 260-6. (4) Centre for Disease Control and Prevention. 2017. Abortion Surveillance - United States, 2014. Morbidity and Mortality Weekly Report, 66, 24. (5) Department of Health. 2016. Abortion Statistics, England and Wales; 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf
729	Proportion of abortion clients from [X] religious group	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion clients from [X] religious group	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) MUMAH, J., KABIRU, C. W., MUKIRIA, C., BRINTON, J., MUTUA, M., ZUGBARA, C., BRUNGLI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a county profile. Nairobi, Kenya, African Population and Health Research Center, 2014.
730	Proportion of abortion clients that speak [X] as a primary language at home	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion clients who speak [X] as a primary language at home	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. Am J Public Health, 106, 857-64.

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
726	Proportion of abortion clients who belong to [X] wealth group	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion clients who belong to [X] wealth group	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64.
727	Proportion of abortion clients who were literate	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion clients who were literate	Total number of abortion clients surveyed	Client exit interviews	no	no	yes	no	no	no	(1) ANDERSEN, K., GANATRA, B., STUCKE, S., BASNETT, L., KARKI, Y. B. & THAPA, K. 2012. A prospective study of complications from comprehensive abortion care services in Nepal. <i>BMC Public Health</i> , 12, 9. (2) REDMI, K. & MADISON, J. 2010. Ensuring patient satisfaction with second-trimester abortion in resource-poor settings. <i>Int J Gynaecol Obstet</i> , 108, 44-7.
728	Proportion of abortion clients whose partners have [X] level of educational attainment	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion clients whose husbands have [X] level of educational attainment	Total number of abortion clients	Population survey	no	no	no	no	yes	no	(1) Nyblade, L., Edmeades, J. and Pearson, E., 2010. Self-reported abortion-related morbidity: A comparison of measures in Madhya Pradesh, India. <i>International perspectives on sexual and reproductive health</i> , pp.140-148.
729	Proportion of abortion clients with [X] level of educational attainment	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion clients with [X] level of educational attainment	Total number of abortion clients	Client exit interviews, health facility records, prospective morbidity study, population survey	yes	yes	yes	no	yes	no	(1) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37. (2) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64. (3) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (4) KALLANI-PHRL, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAULDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4. (5) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33. (6) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (7) MUMAH, J., KABIRU, C. W., MUKIRA, C., BRINTON, J., MUTUA, M., IZUGBARA, C., BIRUNGI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014. (8) KEENAN, K., GRUNDY, E., KENWARD, M. G. & LEON, D. A. 2014. Women's risk of repeat abortions is strongly associated with alcohol consumption: a longitudinal analysis of a Russian national panel study, 1994-2009. <i>PLoS One</i> , 9, e90356. (9) PARK, M. H., NGUYEN, T. H., DANG, A. T. & NGO, T. D. 2013. Medical abortion practices among private providers in Vietnam. <i>Int J Womens Health</i> , 5, 593-8. (10) SANTANA, D. S., CECATTI, J. C., PARRINELLI, M. A., HADDAD, S. M., COSTA, M. L., SOUSA, M. H., SULTA, J. P., CAMARGO, B. S., PACAGNELLA, B. C., SUBITA, E. G. & PINTO, E. S. J. J. 2012.
730	Proportion of abortion clients with [X] marital status	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion client with [X] marital status	Total number of abortion clients	Retrospective review of clinical records, web survey of MA users, client exit interviews, population survey, service statistics, health information system	yes	no	yes	no	yes	yes	(1) MELESSE, T., HABTE, D., TSIMA, B. M., MOOBE, K. D., CHARAEBELE, K., RANKOONNE, G., KEARATSE, T. R., MASWELI, M., MOKOTEDI, M., MOTANA, M. & MORENTSHABELE, B. 2017. High Levels of Post-Abortion Complication in a Setting Where Abortion Service Is Not Legalized. <i>PLoS One</i> , 12, e0168287. (2) CAVET, S., PAULA, C., SCEMAMA, A. & PARTOUCHE, H. 2017. Assessment of pain during medical abortion with home use of misoprostol. <i>Eur J Contracept Reprod Health Care</i> , 22, 207-211. (3) BISWAS, K. K., PEARSON, E., SHAHIDULLAH, S. M., SULTANA, S., CHOWDHURY, R. & ANDERSEN, K. L. 2017. Integrating postabortion care, menstrual regulation and family planning services in Bangladesh: a pre-post evaluation. <i>Reprod Health</i> , 14, 37. (4) GERDTS, C., FUENTES, L., GROSSMAN, D., WHITE, K., KEEFE-OATES, B., BAUM, S. E., HOPKINS, K., STOLP, C. W. & POTTER, J. E. 2016. Impact of Clinic Closures on Women Obtaining Abortion Services After Implementation of a Restrictive Law in Texas. <i>Am J Public Health</i> , 106, 857-64. (5) GEBREHWOT, Y., FETTERS, T., GEBRESELASSIE, H., MOORE, A., HALEMARIAM, M., DIBABA, Y., BANKOLE, A. & GETACHEW, Y. 2016. Changes in Morbidity and Abortion Care in Ethiopia After Legal Reform: National Results from 2008 and 2014. <i>Int Perspect Sex Reprod Health</i> , 42, 121-130. (6) NIVEDITA, K. & SHANTHINI, F. 2015. Is It Safe to Provide Abortion Pills over the Counter? A Study on Outcome Following Self-Medication with Abortion Pills. <i>J Clin Diagn Res</i> , 9, C001-4. (7) KALLANI-PHRL, L., GEBRESELASSIE, H., LEVANDOWSKI, B. A., KUCHINGALE, E., KACHALE, F. & KANGAULDE, G. 2015. The severity of abortion complications in Malawi. <i>Int J Gynaecol Obstet</i> , 128, 160-4. (8) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33. (9) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (10) MUMAH, J., KABIRU, C. W., MUKIRA, C., BRINTON, J., MUTUA, M., IZUGBARA, C., BIRUNGI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014.
731	Proportion of abortion clients with [X] occupation	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion clients with [X] occupation	Total number of abortion clients	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33. (2) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52. (3) MUMAH, J., KABIRU, C. W., MUKIRA, C., BRINTON, J., MUTUA, M., IZUGBARA, C., BIRUNGI, H. & ASKEW, I. 2014. Unintended pregnancies in Kenya: a country profile. Nairobi, Kenya, African Population and Health Research Center, 2014.
732	Proportion of abortion users with [X] employment status	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of abortion users with [X] employment status	Total number of abortion users	Client exit interviews, population survey	no	no	yes	no	yes	no	(2) KEENAN, K., GRUNDY, E., KENWARD, M. G. & LEON, D. A. 2014. Women's risk of repeat abortions is strongly associated with alcohol consumption: a longitudinal analysis of a Russian national panel study, 1994-2009. <i>PLoS One</i> , 9, e90356.
733	Number of abortions by sub-area	(2) Abortion incidence & prevalence	Crude count	Number of abortion in sub-area X	NA	Health information system	yes	no	no	no	no	no	(1) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortions_stats_England_Wales_2016.pdf

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Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
744	Rate of abortions by sub-area	(2) Abortion incidence & prevalence	Abortion incidence or prevalence at the population level	Number of abortion of in sub-area X	Number of women of reproductive age in area x	Health information system	yes	no	no	no	yes	no	(1) Department of Health. 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortion_stats_England_Wales_2016.pdf
745	Proportion of abortion clients who believed [MVA or MA] allows for them to have someone with them for the procedure	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that [MVA or MA] allows for them to have someone with them for the procedure	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
746	Proportion of abortion clients who believed [MVA or MA] feels more natural/like a period	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that [MVA or MA] feels more natural/like a period	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
747	Proportion of abortion clients who believed [MVA or MA] is associated with more adverse events or complications	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that [MVA or MA] is associated with more adverse events or complications	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
748	Proportion of abortion clients who believed [MVA or MA] is less painful	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that [MVA or MA] is less painful	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
749	Proportion of abortion clients who believed [MVA or MA] is more affordable/costs less	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that [MVA or MA] is more affordable/costs less	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
750	Proportion of abortion clients who believed [MVA or MA] is more private/confidential	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that [MVA or MA] is more private/confidential	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
751	Proportion of abortion clients who believed [MVA or MA] is shorter/less time consuming	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that [MVA or MA] is shorter/less time consuming	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
752	Proportion of abortion clients who believed [MVA or MA] method of abortion is less effective	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that [MVA or MA] is less effective	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
753	Proportion of abortion clients who believed MA can be done at home	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that MA can be done at home	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
754	Proportion of abortion clients who believed MA does not require surgical intervention	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed that MA does not require surgical intervention	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
755	Proportion of abortion clients who believed they had more control when using [MVA or MA]	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who believed they had more control when using [MVA or MA]	Total number of abortion clients who had used both MVA and MA	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Women's perspectives on termination service delivery in Vietnam: a cross-sectional survey in three provinces. <i>Int J Womens Health</i> , 6, 927-33.
756	Proportion of abortion clients who had heard of MA before seeking abortion services	(7) Characteristics of women who have abortion and perceptions	Women's knowledge and perceptions	Number of women who had heard of MA before seeking abortion services	Total number of seeking clients	Client exit interviews	no	no	yes	no	no	no	(1) NGO, T. D., FREE, C., LE, H. T., EDWARDS, P., PHAM, K. H., NGUYEN, Y. B. & NGUYEN, T. H. 2014. Service users' attributes associated with the uptake of medical versus surgical abortion at public health facilities in Vietnam. <i>Int J Gynaecol Obstet</i> , 125, 247-52.
757	Proportion of MA clients that found an at-home low-sensitivity urine pregnancy test acceptable	(3) Abortion care	Women's satisfaction	Number of MA clients that found an at-home low-sensitivity urine pregnancy test acceptable	Total number of MA clients	client exit interviews	no	no	yes	no	no	no	(1) HASSOUN, D., PERIN, L., HIEN, H. & DEMARS, H. H. 2016. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynecol Reprod Biol</i> , 197, 174-8.
758	Proportion of MA clients that found an at-home low-sensitivity urine pregnancy test easy to perform	(3) Abortion care	Women's satisfaction	Number of MA clients that found an at-home low-sensitivity urine pregnancy test easy to perform	Total number of MA clients	client exit interviews	no	no	yes	no	no	no	(1) HASSOUN, D., PERIN, L., HIEN, H. & DEMARS, H. H. 2016. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynecol Reprod Biol</i> , 197, 174-8.
759	Proportion of MA clients that found an at-home low-sensitivity urine pregnancy test results easy to read	(3) Abortion care	Women's satisfaction	Number of MA clients that found an at-home low-sensitivity urine pregnancy test results easy to read	Total number of MA clients	client exit interviews	no	no	yes	no	no	no	(1) HASSOUN, D., PERIN, L., HIEN, H. & DEMARS, H. H. 2016. Feasibility of self-performed urine pregnancy testing for follow-up after medical abortion. <i>Eur J Obstet Gynecol Reprod Biol</i> , 197, 174-8.
760	Proportion of women aware of [x] abortion method	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women aware of [x] abortion method	Total population surveyed	Population survey	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATHA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. <i>BMC Health Serv Res</i> , 14, 227.

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
763	Proportion of women aware of availability of abortion services at [x] type of facility	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women aware of availability of abortion services at [x] type of facility	Total population surveyed	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.
763	Proportion of women who believed that abortion services could be most suitably provided by [x] type of provider	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women who believed that abortion services could be most suitably provided by [x] type of provider	Total population surveyed	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.
763	Proportion of women who believed that abortion was legal for pregnancy only up to 20 weeks	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women who believed that abortion was legal for pregnancy only up to 20 weeks	Total population surveyed	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.
764	Proportion of women who believed that abortion was legal in the case of pregnancy due to contraceptive failure	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women who believed that abortion was legal in the case of pregnancy due to contraceptive failure	Total population surveyed	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.
764	Proportion of women who believed that abortion was legal in the case of rape	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women who believed that abortion was legal in the case of rape	Total population surveyed	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.
764	Proportion of women who believed that abortion was legal in the case of serious fetal deformity	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women who believed that abortion was legal in the case of serious fetal deformity	Total population surveyed	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.
764	Proportion of women who believed that abortion was legal in the case of women's health in danger	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women who believed that abortion was legal in the case of women's health in danger	Total population surveyed	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.
764	Proportion of women who reported being exposed to safe abortion messaging	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women who reported being exposed to safe abortion messaging	Total population surveyed	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.
764	Proportion of women who reported that [men/women/mother-in-law/other relative] are the primary abortion decision-maker	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women who reported that [men/women/mother-in-law/other relative] are the primary abortion decision-maker	Total population that reported experiencing an abortion in the past [x] years	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227.
770	Proportion of women with correct knowledge of the abortion law	(6) Social & policy context	Beliefs and attitudes towards abortion (population level)	Number of women with correct knowledge of the abortion law	Total population surveyed	Population survey	no	no	no	no	no	yes	no	(1) BANERJEE, S. K., ANDERSEN, K. L., BAIRD, T. L., GANATRA, B., BATRA, S. & WARVADEKAR, J. 2014. Evaluation of a multi-pronged intervention to improve access to safe abortion care in two districts in Jharkhand. BMC Health Serv Res, 14, 227. (2) WORLD HEALTH ORGANIZATION, 2012. Safe abortion: technical and policy guidance for health systems (No. WHO/RHR/12.10). World Health Organization.
771	Proportion of abortions by funding source (eg privately funded, publicly funded)	(1) Abortion access & availability	Financial access	Number of abortion funded by public health care sector	Total number of abortions	Health information system	yes	no	no	no	no	no	no	(1) Department of Health, 2018. Abortion Statistics, England and Wales: 2016. Accessed on 19th August 2019 from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/679028/Abortion_stats_England_Wales_2016.pdf
772	Regulations, guidelines and other policy documents have been developed, approved by national/sub-national governments, and/or disseminate to health care facilities that are supportive of access to safe abortion care (including post-abortion care) consistent with WHO guidance	(6) Social & policy context	Laws & regulation	Regulations, guidelines and other policy documents have been developed, approved by national/sub-national governments, and/or disseminate to health care facilities that are supportive of access to safe abortion care (including post-abortion care) consistent with WHO guidance (Yes/No)	n/a	Aspirational description*	no	no	no	yes	no	no	no	(1) Seims, S., Khadduri, R. 2012. Measuring improvements in sexual and reproductive health and rights in sub-Saharan Africa. Reprod Health Matters, 20, 177-87.
772	Availability of trained staff and supplies to perform safe abortion and/or post-abortion care to the level of one facility per 100,000 population in each major region of the country	(1) Abortion access & availability	Physical access	Number of facilities with trained staff and supplies to perform safe abortion and/or post-abortion care	Number of areas with 100,000 population in major regions	Aspirational description*	no	no	no	no	yes	no	no	(1) Seims, S., Khadduri, R. 2012. Measuring improvements in sexual and reproductive health and rights in sub-Saharan Africa. Reprod Health Matters, 20, 177-87.
772	Number/percentage of hospital patients requiring treatment for post-abortion complications	(4) Abortion outcomes	All-cause morbidity: severe maternal complications, undefined	Number of hospital patients requiring treatment for post-abortion complications	Number of hospital patients	Aspirational description*	yes	no	no	yes	no	no	no	(1) Seims, S., Khadduri, R. 2012. Measuring improvements in sexual and reproductive health and rights in sub-Saharan Africa. Reprod Health Matters, 20, 177-87.
772	Percentage of women receiving safe abortion or treatment for unsafe abortions who are provided with a modern contraceptive method within 14 days	(3) Abortion care	Post-abortion care	Number of women receiving safe abortion or treatment for unsafe abortions who are provided with a modern contraceptive method within 14 days	Total number of women receiving safe abortions or treatment for unsafe abortions	Aspirational description*	yes	no	no	yes	no	no	no	(1) Seims, S., Khadduri, R. 2012. Measuring improvements in sexual and reproductive health and rights in sub-Saharan Africa. Reprod Health Matters, 20, 177-87.
772	Percentage of OB/GYN physicians approving the action of the vignette physician for referral of abortion patient because of conscientious refusal	(1) Abortion access & availability	Provider beliefs & attitudes	Number of OB/GYN physicians approving the action of the vignette physician for referral of abortion patient because of conscientious refusal	Total numbers of OB/GYN physicians presented with vignette	Health provider survey	no	no	no	no	yes	no	no	(1) RASINSKI, K. A., YOON, J. D., KALAD, Y. G. & CURLIN, F. A. 2011. Obstetrician-gynaecologists' opinions about conscientious refusal of a request for abortion: results from a national vignette experiment. J Med Ethics, 37, 711-4.
772	Percentage of OB/GYN physicians approving the action of the vignette physician for disclosure of objections to abortion patient	(1) Abortion access & availability	Provider beliefs & attitudes	Number of OB/GYN physicians approving the action of the vignette physician concerning disclosure of objections to abortion patient	Total numbers of OB/GYN physicians presented with vignette	Health provider survey	no	no	no	no	yes	no	no	(1) RASINSKI, K. A., YOON, J. D., KALAD, Y. G. & CURLIN, F. A. 2011. Obstetrician-gynaecologists' opinions about conscientious refusal of a request for abortion: results from a national vignette experiment. J Med Ethics, 37, 711-4.
772	Proportion of adolescent abortion patients who grew up in urban/rural areas	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of adolescent abortion patients who grew up in urban or rural areas	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V., PAJEVIC, I., HASANOVIC, M., PAVLOVIC, S., LUICA, 2012. Psychological problems sequelae in adolescents after artificial abortion. J Pediatr Adolesc Gynecol 25, 241-247
772	Proportion of adolescent abortion patients who live in urban/rural areas	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of adolescent abortion patients who live in urban or rural areas	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V., PAJEVIC, I., HASANOVIC, M., PAVLOVIC, S., LUICA, 2012. Psychological problems sequelae in adolescents after artificial abortion. J Pediatr Adolesc Gynecol 25, 241-247

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	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
727	Proportion of adolescent abortion patients by parents relationship status	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of adolescent abortion patients with both parents together/separated	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
728	Proportion of adolescent abortion patients by educational intention	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of adolescent abortion patients by educational intention	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
729	Proportion of adolescent abortion patients by frequency of sexual intercourse	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of adolescent abortion patients by frequency of sexual intercourse	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
730	Proportion of adolescent abortion patients by desire to be pregnant	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of adolescent abortion patients by desire to be pregnant	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
731	Proportion of adolescent abortion patients by desire to deliver a baby	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of adolescent abortion patients by desire to deliver a baby	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
732	Proportion of adolescent abortion patients by bad/good/excellent family relations	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of adolescent abortion patients by bad/good/excellent family relations	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
733	Proportion of adolescent abortion patients by stability of relationship with boyfriend	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of adolescent abortion patients by level of stability of relationship with boyfriend	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
734	Proportion of adolescent abortion patients by ethnicity	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of adolescent abortion patients by ethnicity	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
735	Proportion of adolescent abortion patients by war related trauma experience	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of adolescent abortion patients by war related trauma experience	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
736	Mean age of adolescent abortion patients	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Sum of age of adolescent abortion patients	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
737	Proportion of adolescent abortion patients with [X] marital status	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of adolescent abortion patients with [X] marital status	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
738	Proportion of adolescent abortion patients by level of educational achievement	(7) Characteristics of women who have abortion and abortion outcomes	Socioeconomic characteristics	Number of adolescent abortion patients by level of educational achievement	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
739	Proportion of adolescent abortion patients by number of abortion experience	(7) Characteristics of women who have abortion and abortion outcomes	Demographic and reproductive characteristics	Number of adolescent abortion patients by number of abortion experience	Total number of adolescent abortion patients	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
740	Mean Posttraumatic Stress Disorder Symptom Severity	(4) Abortion outcomes	Wellbeing/psychological health: Mental health disorders	Sum of score per response category per symptom reported by women after abortion procedure	Total number of abortion client respondents	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247
741	Prevalence of moderate/serious/extreme levels of depression	(4) Abortion outcomes	Wellbeing/psychological health: Mental health disorders	Number of women who reported moderate/serious/extreme score of depression	Total number of abortion client respondents	Prospective cohort study (interviews)	no	no	no	no	no	no	yes	(1) Zulic-Nakic, V, PAJEVIC, IL, HASANOVIC, M, PAVLOVIC, S, LILICA, 2012. Psychological problems sequelae in adolescents after artificial abortions.J Pediatr Adolesc Gynecol 25, 241-247

	A	B	C	D	E	F	G	H	I	J	K	L	M	R
	Indicator	Category		Numerator	Denominator	Data source(s) used	Data source: Facility records/HMIS/service statistics	Data source: Prospective extraction of women's medical records for facility-based morbidity study	Data source: Client exit interviews	Data source: special health facility assessment survey	Data source: Health provider survey	Data source: Population survey or census	Data source: Other	List of studies using indicator
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752						NB, these are the data sources used in the papers included in the review. In addition, there are two type of aspirational indicators: *Those with a star are aspirational where the original document suggests a data source *Others that are aspirational are also entered in the spreadsheet and with data sources left blank - this is because the original document did not mention a data source								
753														