Percentage distribution of public and private facilities offering abortion-related services, according to urban or rural location, Assam, 2015

	Offering	g induced a	bortion	Offering	g postabort	ion care	Offering	any abortio	n-related
Facilities	Total	Urban	Rural	Total	Urban	Rural	Total	Urban	Rural
All	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Public	55.2	32.1	100.0	59.5	28.7	100.0	61.1	29.0	100.0
Private	44.8	67.9	0.0	40.5	71.3	0.0	38.9	71.0	0.0
No. (weighted)	410	271	139	566	321	244	588	323	265
Public	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Hospitals	29.6	63.1	8.6	19.8	59.4	4.9	19.0	60.0	4.5
CHCs	33.4	24.8	38.7	27.2	29.2	26.5	25.5	28.8	24.4
PHCs	37.1	12.1	52.7	52.9	11.4	68.6	55.5	11.2	71.1
No. (weighted)	226	87	139	337	92	244	359	94	265
Private	100.0	100.0	0.0	100.0	100.0	0.0	100.0	100.0	0.0
Hospitals	27.9	27.9	0.0	32.3	32.3	0.0	32.3	32.3	0.0
Nursing and maternity homes	61.0	61.0	0.0	58.8	58.8	0.0	58.8	58.8	0.0
Clinics	11.1	11.1	0.0	8.9	8.9	0.0	8.9	8.9	0.0
No. (weighted)	184	184	0	229	229	0	229	229	0

Notes: Postabortion care refers to care for complications resulting from either induced abortion or miscarriage. CHC=community health centre. PHC=primary health centre. Proportions presented in the text, figures and tables may differ slightly because of rounding. *Source:* Health Facilities Survey.

Among facilities providing induced abortion, percentage distribution by method offered and facility type, Assam, 2015

		% distribution of facilities by method category						
Facilities	Weighted no. offering abortion	Only MMA	Only surgical abortion	Both MMA and surgical abortion	Total			
All	410	2.6	16.3	81.2	100.0			
Public	226	4.6	19.4	75.9	100.0			
Hospitals	67	0.0	10.2	89.8	100.0			
CHCs	75	0.0	21.4	78.6	100.0			
PHCs	84	12.5	25.0	62.5	100.0			
Private	184	0.0	12.4	87.6	100.0			
Hospitals	51	0.0	0.0	100.0	100.0			
Nursing and maternity homes	112	0.0	20.3	79.7	100.0			
Clinics	20	0.0	0.0	100.0	100.0			

Notes: MMA=medical methods of abortion. Surgical abortion=dilatation and curettage, dilatation and evacuation, and vacuum aspiration. CHC=community health centre. PHC=primary health centre. Proportions presented in the text, figures and tables may differ slightly because of rounding. *Source:* Health Facilities Survey.

Number of facilities providing postabortion care and proportion offering these services 24 hours a day, seven days a week, by facility type and location, Assam, 2015

Facilities	Weighted no. of facilities offering PAC	
ALL	566	81.7
OWNERSHIP		
Public	337	78.1
Hospitals	67	100.0
CHCs	92	88.2
PHCs	178	64.7
Private	229	87.0
Hospitals	74	100.0
Nursing and maternity homes	135	93.1
Clinics	20	0.0
LOCATION		
Urban	321	90.7
Public	92	100.0
Private	229	87.0
Rural	244	69.9
Public	244	69.9
Private	0	0.0

Notes: PAC=postabortion care; refers to care for complications resulting from either induced abortion or miscarriage. CHC=community health centre. PHC=primary health centre. Proportions presented in the text, figures and tables may differ slightly because of rounding. Source: Health Facilities Survey.

Weighted total number of facility-based abortions, average annual number of abortions provided by facilities and percentage distribution of abortions, by facility type, Assam, 2015

	Annual no. of	No. of facilities	Average annual	% distribution of abortions by facility type		
Facilities	facility-based abortions	offering abortion	no. of abortion cases per facility	Within ownership categories	Overall	
All	122,300	410	300	100.0	100.0	
Public	89,800	226	400	100.0	73.4	
Hospitals	40,500	67	610	45.1	33.1	
CHCs	27,300	75	360	30.5	22.4	
PHCs	21,900	84	260	24.4	17.9	
Private	32,500	184	180	100.0	26.6	
Hospitals	10,700	51	210	32.9	8.7	
Nursing and maternity homes	19,700	112	180	60.7	16.1	
Clinics	2,100	20	100	6.4	1.7	
Private registered	21,000	120	170	100.0	17.2	
Hospitals	10,700	48	220	50.7	8.7	
Nursing and maternity homes	10,400	72	140	49.3	8.5	
Clinics	0	0	0	0.0	0.0	
Private unregistered	11,500	63	180	100.0	9.4	
Hospitals	20	3	10	0.2	0.0	
Nursing and maternity homes	9,400	40	240	81.7	7.7	
Clinics	2,100	20	100	18.1	1.7	

Notes: CHC=community health centre. PHC=primary health centre. Numbers may not add to totals because of rounding. Values lower than 50 have been rounded to the tens. Proportions presented in the text, figures and tables may differ slightly because of rounding. *Source:* Health Facilities Survey.

Percentage distribution of facility-based abortions by gestational duration and by trimester, according to facility type, Assam, 2015

	Annual no.	% di	istribution	by gestat	ional durat	ion	% distribution by trimester		
Facilities	of facility- based abortions	<8 weeks	8–12 weeks	13–20 weeks	>20 weeks	Total	First	Second	Total
All	122,300	65.1	28.6	6.3	0.0	100.0	93.7	6.3	100.0
Public	89,800	60.8	31.6	7.6	0.0	100.0	92.4	7.6	100.0
Hospitals	40,500	53.6	34.9	11.6	0.0	100.0	88.4	11.6	100.0
CHCs	27,300	64.2	29.9	5.9	0.0	100.0	94.1	5.9	100.0
PHCs	21,900	70.0	27.7	2.4	0.0	100.0	97.6	2.4	100.0
Private	32,500	77.1	20.3	2.6	0.0	100.0	97.4	2.6	100.0
Hospitals Nursing and maternity	10,700	69.8	27.7	2.6	0.0	100.0	97.4	2.6	100.0
homes	19,700	87.1	10.1	2.8	0.0	100.0	97.2	2.8	100.0
Clinics	2,100	20.0	80.0	0.0	0.0	100.0	100.0	0.0	100.0
Private registered	21,000	74.9	23.2	1.9	0.0	100.0	98.1	1.9	100.0
Hospitals Nursing and maternity	10,700	69.8	27.7	2.6	0.0	100.0	97.4	2.6	100.0
homes	10,400	80.1	18.7	1.2	0.0	100.0	98.8	1.2	100.0
Clinics	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Private unregistered	11,500	81.2	15.0	3.8	0.0	100.0	96.2	3.8	100.0
Hospitals Nursing and maternity	20	66.7	33.3	0.0	0.0	100.0	100.0	0.0	100.0
homes	9,400	94.8	0.5	4.6	0.0	100.0	95.4	4.6	100.0
Clinics	2,100	20.0	80.0	0.0	0.0	100.0	100.0	0.0	100.0

Notes: CHC=community health centre. PHC=primary health centre. Numbers may not add to totals because of rounding. Values lower than 50 have been rounded to the tens. Proportions presented in the text, figures and tables may differ slightly because of rounding. *Source:* Health Facilities Survey.

Percentage distribution of facility-based abortions by method, according to facility type, Assam, 2015

			y method				
	Annual no. of			Surç	jical		
Facilities	facility-based abortions	MMA	All	MVA	EVA	D&C or D&E	Total
All	122,300	12.6	87.4	19.2	37.4	29.9	100.0
	ŕ						
Public	89,800	10.4	89.6	21.2	35.5	32.3	100.0
Hospitals	40,500	15.6	84.4	18.9	39.4	25.0	100.0
CHCs	27,300	6.8	93.2	35.5	30.4	27.2	100.0
PHCs	21,900	5.5	94.5	7.5	34.7	52.4	100.0
Private	32,500	18.6	81.4	13.8	42.5	23.3	100.0
Hospitals	10,700	34.4	65.6	1.4	22.2	39.0	100.0
Nursing and maternity		7.0		24.0	54.0		
homes	19,700	7.9	92.1	21.9	54.8	14.1	100.0
Clinics	2,100	40.0	60.0	0.0	30.0	30.0	100.0
Private registered	21,000	19.5	80.5	0.7	49.2	27.9	100.0
Hospitals Nursing and maternity	10,700	34.4	65.6	1.4	22.0	39.1	100.0
homes	10,400	4.1	95.9	0.0	77.1	16.4	100.0
Clinics	0	0.0	0.0	0.0	0.0	0.0	0.0
Private unregistered	11,500	17.2	82.8	37.8	30.2	14.9	100.0
Hospitals	20	0.0	100.0	0.0	100.0	0.0	100.0
Nursing and maternity		10.1		40.0	20.4		
homes	9,400	12.1	87.9	46.2	30.1	11.6	100.0
Clinics	2,100	40.0	60.0	0.0	30.0	30.0	100.0

Notes: MMA=medical methods of abortion. MVA=manual vacuum aspiration. EVA=electric vacuum aspiration. D&C=dilatation and curettage. D&E=dilatation and evacuation. CHC=community health centre. PHC=primary health centre. Numbers may not add to totals because of rounding. Values lower than 50 have been rounded to the tens. Proportions presented in the text, figures and tables may differ slightly because of rounding. Source: Health Facilities Survey.

Weighted total number of treated cases of complications related to induced abortion or miscarriage, and proportion of cases by complication diagnosis, Assam, 2015

		% of cases, by type of complication								
Facilities	Annual no. of complication cases	Incomplete abortion from MMA	Incomplete abortion from any other method	Prolonged or abnormal bleeding	Infection of the uterus/ surrounding areas	Injury/ perforation/ laceration	Sepsis	Shock		
All	66,600	64.7	16.5	15.5	4.1	1.6	2.6	1.3		
Public	35,700	56.8	17.8	21.4	5.4	1.9	3.6	1.9		
Private	30,900	73.8	15.0	8.7	2.6	1.2	1.5	0.5		

Notes: More than one type of complication may be reported per case. Proportions presented in the text, figures and tables may differ slightly because of rounding. *Source:* Health Facilities Survey.

Profile of married women aged 15-49* and of those who had an abortion in the three years preceding the survey, Assam, 2015-2016

	Al	l women 15-	-49	Women 15–49 who had an abortio		
	%	Weighted	Unweighted	%	Weighted	Unweighted
Characteristic	distribution	no.	no.	distribution	no.	no.
Residence	45.0	4.004	0.044	40.4	0=	0.4
Urban	15.0	4,264	3,811	16.1	67	61
Rural	85.0	24,183	24,636	83.9	349	378
Caste/tribe						
Scheduled caste	11.1	3,153	3,071	12.6	52	51
Scheduled tribe	13.0	3,705	5,153	22.1	92	123
Other Backward Class	27.9	7,926	7,682	28.6	119	127
Other/none	48.0	13,663	12,541	36.2	150	135
Age-group						
<20	16.5	4,693	4,671	3.5	15	16
20–24	17.4	4,960	4,963	24.2	100	108
25–29	17.0	4,839	4,871	30.7	128	136
30–34	13.9	3,960	3,964	27.3	113	114
≥35	35.1	9,995	9,978	14.4	60	65
Births						
0	30.2	8,583	8,525	6.1	25	29
1	18.9	5,374	5,346	44.7	186	186
2	21.2	6,030	6,054	28.2	117	126
≥3	29.7	8,460	8,522	21.1	88	98
Marital duration (in ye	ars)					
0–2	12.2	2,516	2,568	10.0	41	47
3–5	13.6	2,802	2,835	27.3	113	119
6–15	36.9	7,582	7,649	50.8	210	220
≥16	37.3	7,662	7,600	11.9	49	51
Education (in years)						
0	23.0	6,536	6,598	13.2	55	59
1–5	13.7	3,909	3,841	11.0	46	48
6–11	48.2	13,722	13,840	59.9	249	261
≥12	15.1	4,281	4,168	15.9	66	71
Total	100.0	28,447	28,447	100.0	416	439

^{*}Three unmarried women were included in the survey. They were excluded from the "marital duration" measure. *Note:* Proportions presented in the text, figures and tables may differ slightly because of rounding. *Source:* reference 30.

Calculations for the medium, low and high estimates from the sensitivity analysis of the total incidence and rate of induced abortion, Assam, 2015

Data inputs	Medium	Low	High
Total for-profit MMA sales (after applying grouped rates)*	310,200	300,000	321,800
No. of combipacks and mifepristone pills sold in for-profit setting†	337,600	330,000	347,100
Reduced to account for illegal export to Bangladesh‡	60,900	76,100	45,700
Grouped states MMA rate§	35.40	34.24	36.73
Total nonprofit MMA sales**	184,300	184,300	184,300
Total adjusted sum of for-profit and nonprofit MMA sales	438,900	413,300	467,800
Adjustment to account for wastage††	49,450	48,430	50,610
Adjustment to exclude women who used MMA unsuccessfully outside a facility and then had a facility-based abortion‡‡	6,100	8,000	2,900
TOTAL NONFACILITY MMA	427,800	402,200	456,700
Adjustment to exclude MMA in private and NGO facilities (from HFS and NGO service statistics) from adjusted total sales	6,100	6,100	6,100
Adjustment to exclude MMA given by prescription in public facilities from adjusted total sales	5,100	5,100	5,100
TOTAL FACILITY-BASED ABORTIONS (MMA AND SURGICAL)	122,300	100,600	144,000
TOTAL NONFACILITY ABORTIONS USING METHODS OTHER THAN MMA§§	29,900	15,500	45,200
TOTAL INDUCED ABORTIONS	580,100	518,300	646,000
Induced abortion rate (abortions per 1,000 women aged 15–49)	66.20	59.15	73.72

^{*}For-profit drug sales come from IMS Health. The estimated total count for each state was increased by 5% to account for incomplete coverage (applied to low, medium and high estimates). †Medium estimate assumes (based on expert opinion and literature) that 80% of women using MMA to induce abortion use one mifepristone pill, 10% use two and 10% use three; low estimate assumes ratio of 70%/15%/15%; high estimate assumes ratio of 90%/5%/5%. ‡Medium estimate reduces for-profit MMA sales in Assam and West Bengal by 10% of illegal MMA in border divisions of Bangladesh, to account for black market export, based on expert opinion of in-country abortion researchers and 2014 Bangladesh HFS results. Low estimate assumes a reduction by 13%; high estimate assumes a reduction by 7%. §Assam was grouped with Arunachal Pradesh, Manipur, Meghalaya, Mizoram, Nagaland, Sikkim, Tripura and West Bengal, and we calculated a rate (for-profit MMA sales per 1,000 women aged 15-49) for the group of states. The group rate was then applied to population numbers of each state in the group to obtain the number of for-profit MMA sales in each state. **Data primarily from Marie Stopes International and DKT International. Count is comprehensive, with no range around the medium estimate. ††On the basis of available literature sources, we estimate drug wastage to reduce the number of MMA drugs by 10% (medium estimate), 13% (low) or 7% (high). ‡‡On the basis of a study of abortion seekers in two states, we estimate the proportion of all facility-based abortion clients who attempted an MMA outside a facility before obtaining an abortion in a facility to be 5% (medium estimate), 8% (low) or 2% (high). §§On the basis of community-based studies in two states and national data on the increase in MMA sales between 2009 and 2015, we estimate the proportion of abortions in this category to be 5% (medium estimate), 3% (low) or 7% (high). Notes: See Incidence Methodology and online methodology ("supplementary materials" at https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(17)30453-9/fulltext) for sources and more details. Calculations based on a projected 2015 female population aged 15-49 of 8,762,698 from Census data. MMA=medical methods of abortion. Numbers may not add to totals because of rounding.