GOVERNMENT OF INDIA MINISTRY OF HEALTH AND FAMILY WELFARE DEPARTMENT OF HEALTH AND FAMILY WELFARE

LOK SABHA UNSTARRED QUESTION NO.1953 TO BE ANSWERED ON 29TH NOVEMBER, 2019

ABORTION SERVICE

1953. SHRI L.S. TEJASVI SURYA:

Will the Minister of **HEALTH AND FAMILY WELFARE** be pleased to state:

- (a) whether there have been any intervention/decision by the Government to expand access to abortion services through functioning of public health facilities, adequate, qualitative and unbiased services and increasing the number of trained service providers, if so, the details thereof;
- (b) whether 11.5 million/73 per cent medication abortions conducted outside of health facilities in 2015, if so, the details thereof and the steps taken to ensure quality care in abortion services, including providing accurate information on the abortion pills and provisions for follow-up care; and
- (c) the details of actions being taken/ proposed to be taken to address the gaps on abortion evidence/data so that accurate information is available in official statistics and national surveys?

ANSWER THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI ASHWINI KUMAR CHOUBEY)

(a): Provision of Comprehensive Abortion Care (CAC) services is an important component of RMNCAH+N program under Govt. of India.

National Health Mission (NHM), provides support to the states and UTs for various activities to promote safe abortion:

- Provision of comprehensive safe abortion services at public health facilities like 24*7 PHCs/ FRUs (DHs/ SDHs/ CHCs etc.) where trained Medical Practitioners are posted. As per the records received from the States & UTs, there are total 10,782 public health facilities providing 1st trimester services (upto 12 weeks) and 4,213 public health facilities providing both 1st and 2nd trimester (upto 20 weeks) services. So far, 11,394 Medical Officers have been trained in CAC services
- Provision of funds to States & UTs for procurement of equipment and drugs including pregnancy detection kits (for early detection of pregnancy).
- Capacity Building of ANMs, ASHAs to provide confidential counseling for safe abortion, post-abortion care and post-abortion contraception.

- Provision of funds for Information Education & Communication (IEC) material viz. CAC posters, Flipcharts, Leaflets, Asha/ANM booklets etc.
- Comprehensive Abortion Care Training and Service Delivery Guideline (2010) has been revised in 2018 and issued to all the States & UTs in the country to facilitate quality care.
- Guidance Handbook for ASHA and community health workers on Compressive Abortion Care (CAC) has been developed and disseminated to the States/ UTs.
- (b): The data on Medical Abortions with Medical Methods of Abortion (MMA) drugs outside of health facilities is not available with the Ministry. However, as per NFHS-4 (2015-16), 27.4% abortions have been conducted outside of public and private health facilities.

Support is being provided to the States for Capacity Building of Medical officers in provision of Comprehensive Abortion Care including use of MMA drugs.

MMA guidelines are available online for perusal of service providers for accurate information on Abortion Pills and for provision of follow up.

(c): Under MTP Rules and Regulations, 2003, monthly reporting of total number of cases of MTP in prescribed format is mandatory which is sent from MTP sites to the district authorities.

The States/UTs send compiled report on MTP cases to MoHFW on quarterly basis.

Health Management Information System (HMIS) also captures the abortion related data on induced and spontaneous abortion.

National Family Health Survey also captures Data on Abortion on following indicators:

- o % of pregnancies resulted in abortion
- o place of abortion
- o person who performed abortion
- o complications from abortion
- o treatment for the complications
- o place of treatment