

**Data-extraction Questionnaire for the Global Abortion Policies Project**  
 (Mapping Country Laws and Policies on Safe Abortion Access and Quality of Care)

<b>COUNTRY:</b>	
<b>DATE COMPLETED:</b>	

**Please provide the name and contact information of the person who completed the Questionnaire.**

NAME:			
INSTITUTION:			
E-MAIL:		TELEPHONE:	

**Please list all legal and policy source documents used for completing this Questionnaire.**

DOCUMENT NUMBER	TITLE (INCLUDE FULL TITLE IN ORIGINAL LANGUAGE)	SOURCE	ATTACHED
1			<input type="checkbox"/>
2			<input type="checkbox"/>
3			<input type="checkbox"/>
4			<input type="checkbox"/>
5			<input type="checkbox"/>
6			<input type="checkbox"/>
7			<input type="checkbox"/>
8			<input type="checkbox"/>
9			<input type="checkbox"/>
10			<input type="checkbox"/>

*[Instructions: Please answer each question and provide reference to the source document from the table on page 1. Enter 0, if source document is not available. Use the space in the column “Source document number / Notes” to indicate “No data available”, “Not specified”, and “Not applicable”, as necessary. Also, where needed, this column can be used to indicate “Varies by jurisdiction”. For any detailed question-specific or general notes, please use the space provided at the end of the questionnaire.]*

**1. Please indicate the legal grounds on which induced abortion is currently permitted in the country.**

LEGAL GROUND FOR ABORTION	YES	NO	LAW VARIES BY JURISDICTION	SOURCE DOCUMENT NUMBER / NOTES
a. To save a woman’s life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. To preserve a woman’s health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. To preserve a woman’s physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. To preserve a woman’s mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. In cases of intellectual or cognitive disability of the woman	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. In cases of incest	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. In cases of rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. In cases of foetal impairment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. For economic or social reasons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. On request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Other (please specify):			<input type="checkbox"/>	

**2. If induced abortion is legal on some or all grounds but additional restrictions apply, please indicate the restrictions.**

RESTRICTION	YES	NO	RESTRICTION VARIES BY JURISDICTION	SOURCE DOCUMENT NUMBER / NOTES
a. Gestational limit applies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Authorization of health-care professional(s) required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Parental consent required for minors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Judicial authorization required for minors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Husband’s consent required for married women	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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RESTRICTION	YES	NO	RESTRICTION VARIES BY JURISDICTION	SOURCE DOCUMENT NUMBER / NOTES
f. Authorized in specially licensed facilities only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
g. Compulsory counselling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
h. Woman required to view ultrasound images and/or listen to foetal heartbeat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. Compulsory waiting period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
j. HIV test required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
k. Other STI test(s) required	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
l. Police report required in case of rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
m. Judicial authorization required in case of rape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n. Prohibition of sex-selective abortion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
o. Other (please specify):			<input type="checkbox"/>	

**3. If YES to 2(a), please specify the gestational limit (since the first day of last menstruation) for each legal ground.**

LEGAL GROUND	GESTATIONAL LIMIT (WEEKS)	SOURCE DOCUMENT NUMBER / NOTES
a. To save a woman's life		
b. To preserve a woman's health		
c. To preserve a woman's physical health		
d. To preserve a woman's mental health		
e. In case of intellectual or cognitive disability of the woman		
f. In case of incest		
g. In case of rape		
h. In case of foetal impairment		
i. For economic or social reasons		
j. On request		

**4. If YES to 2(b), please specify the number and cadre of health-care professional authorizations required.**

NUMBER OF AUTHORIZATIONS:		SOURCE DOCUMENT NUMBER / NOTES:		
CADRE OF HEALTH-CARE PROFESSIONAL				
DOCTOR (SPECIALTY NOT SPECIFIED)	SPECIALIST DOCTOR, INCLUDING OB/GYN	NURSE	MIDWIFE / NURSE- MIDWIFE	OTHER (SPECIFY)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**5. If YES to 2(c), can another adult consent in place of a parent?**

YES	NO	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	

**6. If YES to 2(c) or 2(d), please specify the age when a woman can obtain induced abortion without parental or judicial consent.**

AGE OF CONSENT	PARENTAL:                      YEARS	JUDICIAL:                      YEARS
SOURCE DOCUMENT NUMBER / NOTES:		

**7. If YES to 2(i), please specify when the official waiting period begins and the time (number of days) a woman is required to wait for an abortion.**

REQUIRED WAITING PERIOD BEGINS FROM:	SOURCE DOCUMENT NUMBER / NOTES:
REQUIRED WAITING PERIOD (DAYS):	SOURCE DOCUMENT NUMBER / NOTES:

**8. Who can be criminally charged for an illegal abortion?**

WOMAN	PROVIDER	PERSON WHO HELPS A WOMAN OBTAIN ABORTION	NOT APPLICABLE	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**9. Are there restrictions on information provided to the public on legal abortion services?**

YES	NO	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	

**10. If YES to 9, please list the restrictions.**

RESTRICTIONS	SOURCE DOCUMENT NUMBER / NOTES

**11. Are there national guidelines for clinical and service delivery aspects of induced abortion?**

YES, GUIDELINES ISSUED BY THE GOVERNMENT	YES, GUIDELINES ISSUED BY A PROFESSIONAL BODY OR NON-GOVERNMENTAL ORGANIZATION THAT ARE ENDORSED BY THE GOVERNMENT	No	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**12. Are there national guidelines for clinical and service delivery aspects for post-abortion care?**

YES, GUIDELINES ISSUED BY THE GOVERNMENT	YES, GUIDELINES ISSUED BY A PROFESSIONAL BODY OR NON-GOVERNMENTAL ORGANIZATION THAT ARE ENDORSED BY THE GOVERNMENT	No	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**13. If induced abortion is legal on some or all grounds, please specify the method(s) allowed.**

RECOMMENDED METHOD OF ABORTION	YES	NO	UP TO HOW MANY DAYS OR WEEKS OF GESTATION?	SOURCE DOCUMENT NUMBER / NOTES
a. Vacuum aspiration	<input type="checkbox"/>	<input type="checkbox"/>	DAYS WEEKS	
b. Dilatation and evacuation	<input type="checkbox"/>	<input type="checkbox"/>	DAYS WEEKS	
c. Combination mifepristone-misoprostol	<input type="checkbox"/>	<input type="checkbox"/>	DAYS WEEKS	
d. Misoprostol only	<input type="checkbox"/>	<input type="checkbox"/>	DAYS WEEKS	
e. Other (please specify):			DAYS WEEKS	

**14. Is mifepristone and/or combination mifepristone-misoprostol included in the national essential medicines list or some other official list of authorized drugs?**

YES	NO	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	

**15. If YES to 14, is mifepristone and/or combination mifepristone-misoprostol allowed to be sold or distributed by pharmacies or drug stores?**

YES, WITHOUT PRESCRIPTION	YES, WITH PRESCRIPTION ONLY	NO	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**16. Is misoprostol included in the national essential medicines list or some other official list of authorized drugs?**

YES			No	SOURCE DOCUMENT NUMBER / NOTES
FOR GYNAECOLOGICAL INDICATIONS	FOR NON-GYNAECOLOGICAL INDICATIONS ONLY	INDICATIONS NOT SPECIFIED		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**17. If YES to 16, is misoprostol allowed to be sold or distributed by pharmacies or drug stores?**

YES, WITHOUT PRESCRIPTION	YES, WITH PRESCRIPTION ONLY	NO	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**18. Are there restrictions on the use of ultrasound or other methods to detect the sex of the foetus?**

YES	NO	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	

**19. If YES to 18, please list the restrictions.**

RESTRICTIONS	SOURCE DOCUMENT NUMBER / NOTES

**20. Are there regulations or policies related to the following clinical and service-delivery aspects of induced abortion?**

ABORTION REGULATION OR POLICY	YES	NO	SOURCE DOCUMENT NUMBER / NOTES
a. Places where abortion can be performed	<input type="checkbox"/>	<input type="checkbox"/>	
b. Health-care personnel who can provide abortion services	<input type="checkbox"/>	<input type="checkbox"/>	
c. Insurance or other measures to offset end user costs	<input type="checkbox"/>	<input type="checkbox"/>	

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ABORTION REGULATION OR POLICY	YES	NO	SOURCE DOCUMENT NUMBER / NOTES
d. Other (please specify):			

**21. If YES to 20(c), please indicate the type of insurance or other coverage for induced abortion.**

TYPE OF INSURANCE COVERAGE	YES	NO	SOURCE DOCUMENT NUMBER / NOTES
a. Public health coverage for induced abortion for all women	<input type="checkbox"/>	<input type="checkbox"/>	
b. Public health coverage for induced abortion for poor women only	<input type="checkbox"/>	<input type="checkbox"/>	
c. Public health coverage for abortion complications	<input type="checkbox"/>	<input type="checkbox"/>	
d. Private health coverage for induced abortion	<input type="checkbox"/>	<input type="checkbox"/>	
e. Other (please specify):			

**22. Is legally induced abortion allowed to be provided in the following settings or facilities?**

SETTING/FACILITY	YES	NO	SOURCE DOCUMENT NUMBER / NOTES
a. Primary health-care centres	<input type="checkbox"/>	<input type="checkbox"/>	
b. Secondary (district-level) health-care facilities	<input type="checkbox"/>	<input type="checkbox"/>	
c. Specialized abortion care public facilities	<input type="checkbox"/>	<input type="checkbox"/>	
d. Private health-care centres or clinics	<input type="checkbox"/>	<input type="checkbox"/>	
e. NGO health-care centres or clinics	<input type="checkbox"/>	<input type="checkbox"/>	
f. Other (please specify):			

**23. Is legally induced abortion allowed to be provided by the following health-care personnel?**

HEALTH-CARE PERSONNEL PROVIDING ABORTION SERVICES	YES	NO	SOURCE DOCUMENT NUMBER / NOTES
a. Doctor (specialty not specified)	<input type="checkbox"/>	<input type="checkbox"/>	



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HEALTH-CARE PERSONNEL PROVIDING ABORTION SERVICES	YES	NO	SOURCE DOCUMENT NUMBER / NOTES
b. Specialist doctor, including OB/GYN	<input type="checkbox"/>	<input type="checkbox"/>	
c. Nurse	<input type="checkbox"/>	<input type="checkbox"/>	
d. Midwife/nurse-midwife	<input type="checkbox"/>	<input type="checkbox"/>	
e. Other providers (please list):			

**24. Is post-abortion care allowed to be provided in the following settings or facilities?**

SETTING/FACILITY	YES	NO	SOURCE DOCUMENT NUMBER / NOTES
a. Primary health-care centres	<input type="checkbox"/>	<input type="checkbox"/>	
b. Secondary (district-level) health-care facilities	<input type="checkbox"/>	<input type="checkbox"/>	
c. Specialized abortion care public facilities	<input type="checkbox"/>	<input type="checkbox"/>	
d. Private health-care centres or clinics	<input type="checkbox"/>	<input type="checkbox"/>	
e. NGO health-care centres or clinics	<input type="checkbox"/>	<input type="checkbox"/>	
f. Other (please specify):			

**25. Does post-abortion care include counselling for contraceptive methods?**

YES	NO	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	

**26. What are the requirements for a facility/provider to be allowed to provide induced abortion services?**

FACILITY/PROVIDER REQUIREMENT	YES	NO	SOURCE DOCUMENT NUMBER / NOTES
a. Referral linkages to a higher-level facility	<input type="checkbox"/>	<input type="checkbox"/>	
b. Availability of a specialist doctor, including OB/GYN	<input type="checkbox"/>	<input type="checkbox"/>	
c. Minimum number of beds	<input type="checkbox"/>	<input type="checkbox"/>	

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FACILITY/PROVIDER REQUIREMENT	YES	NO	SOURCE DOCUMENT NUMBER / NOTES
d. Other facility/provider requirements (please specify):			

**27. Are health-care facilities allowed to object to the provision of legally induced abortion?**

PUBLIC FACILITIES ONLY	PRIVATE FACILITIES ONLY	FACILITY TYPE NOT SPECIFIED	NEITHER	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**28. If public or private facilities are allowed to object to the provision of legally induced abortion, are they required to refer the woman to another facility where she can obtain legal abortion?**

YES	NO	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	

**29. Are individual health-care providers allowed to object to the provision of legally induced abortion?**

PUBLIC-SECTOR PROVIDERS ONLY	PRIVATE-SECTOR PROVIDERS ONLY	PROVIDER TYPE NOT SPECIFIED	NEITHER	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**30. If public-sector or private-sector providers are allowed to object to the provision of legally induced abortion, are they required to refer the woman to another provider where she can obtain legal abortion?**

YES	NO	SOURCE DOCUMENT NUMBER / NOTES
<input type="checkbox"/>	<input type="checkbox"/>	

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**Please provide any notes or comments related to specific questions in the space below.**

QUESTION NUMBER	NOTES	SOURCE

**Please provide any notes or comments on overall legal and policy situations related to induced abortion in the country.** *(Please include any details on variability in laws and policies and their implementation within the country; information on any impending changes in abortion laws or policies; and any other pertinent information.)*

NOTES
Empty space for notes