

# Tulane University

Department of International Health and Development

## **Trends in the Availability and Quality of Reproductive Health Services in Nigeria**

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## **Abstract**

The Nigerian government, with support from international donors, has been working to improve access to and the quality of family planning and reproductive health services at health facilities. This article examines trends in the availability and quality of services at public and private health facilities in 15 local government areas in Bauchi, Enugu and Oyo states during the course of the three-year USAID-funded VISION family planning and reproductive health project.

Specifically, this article uses data from two waves of a health facility survey to examine trends in the availability of reproductive health services, STI testing, contraceptive products, reproductive health-oriented IEC materials, and level of provider training. Logistic regression was used to estimate trends in key indicators and results were calculated for all types of health facilities including hospitals, pharmacies/patent medicine stores, and health clinics/doctors' offices.

Results indicate notable improvements in the availability of select family planning methods, STI and post-abortion care services during the course of the VISION Project. Availability of IEC materials on family planning counseling and HIV/AIDS/STI, mainly at pharmacies and patent medicine stores, increased significantly; however, the overall proportion of facilities having such materials remained relatively low. The level of provider training in family planning counseling also increased during the course of the project.

Findings from this study suggest that future program efforts should focus on increasing the range of family planning methods and IEC materials on family planning and STI/HIV/AIDS available at health facilities to provide clients with a wider range of options and information.

# **Trends in the Availability and Quality of Reproductive Health Services in Nigeria**

## **Introduction**

Like many countries in sub-Saharan Africa, Nigeria is making rigorous efforts to combat a wide range of reproductive health problems, including high levels of unplanned and/or premarital pregnancies, unsafe abortions, and STI/HIV infection. Although knowledge of modern contraceptive methods is high, actual use has remained low (Aja et al. 1995; Oni and McCarthy 1990; NPC and ORC Macro 2004), and there is evidence that unsafe abortions are common (Otoide et al. 2001). In 2000, it was estimated that 5% of Nigerians aged 15-49 were living with HIV/AIDS (UNAIDS/WHO 2000; Alubo 2002). Although knowledge that condom use can prevent HIV infection is quite high, several studies indicate that consistent condom use has remained relatively low, particularly in marital relationships (Araoye 1998; Jinadu 1993; Meekers, Van Rossem, Zellner and Berg 2004; Odujinrin 1991; Temin 1999, Van Rossem et al. 2001).

The Nigerian Ministry of Health, with support from several international donors, has been working to improve access to and the quality of health services in Nigeria. As part of these efforts, the United States Agency for International Development (USAID) supported a project that focused on increasing the use and availability of quality reproductive health services. The project included several components, including capacity-building, contraceptive logistics, contraceptive social marketing, behavior change communications, and the development and promotion of public-private sector partnerships (Agha et al. 2003a, 2003b; Adewuyi et al. 2005).

This study uses data from two waves of a health facility survey to examine trends in the availability and quality of services at health facilities during the course of the

VISION family planning and reproductive health project. Specifically, it examines trends in the availability of 1) reproductive health services, 2) STI testing, 3) contraceptive products, 4) reproductive health-oriented IEC materials, and 5) level of provider training.

### **The VISION Project**

The three-year (2001-2004) VISION Project aimed to improve access to, availability of, and the quality of family planning and reproductive health services at public and private health facilities, including patent medicine stores, in 15 selected local government areas (LGAs). To accomplish this, the VISION Project worked with local non-governmental organizations (NGOs) active in the same LGAs (VISION Project 2003, 2004, 2005).

Project activities focused on expanding the availability and improving the quality of family planning and reproductive health services by organizing counseling and clinical training in family planning methods, STI/HIV/AIDS (including training in laboratory procedures to diagnose STIs), Post-Abortion Care (PAC), infection prevention procedures, supervision, quality assurance and performance improvement techniques. The VISION Project also helped to establish referral networks within the project LGAs for family planning, STI/HIV/AIDS, PAC and other reproductive health services. The project provided contraceptive commodities, equipment and conducted renovations at select health facilities including strengthening of STI laboratory procedures. To complement its mass media campaign, VISION, in collaboration with community groups, developed culturally-sensitive IEC materials on family planning and STI/HIV/AIDS for distribution at service delivery points. VISION also developed and distributed job aids

such as cue cards, family planning methods booklets, dual protection guides, and wallcharts to providers at VISION-supported service-delivery points.

Through these activities and through the development of the first widely-distributed National Family Planning and Reproductive Health Policy Guidelines and Standards of Practice as well as the National FP/RH Service Protocols, the VISION Project worked to improve the service delivery environment at health facilities and increase access to family planning and reproductive health services in the 15 project LGAs.

### **Data, Measures and Methods**

#### *Data*

Data for this study are from two rounds of a facility survey measuring availability and quality of services among public and private health facilities in Nigeria (Agha et al. 2003b; Adewuyi et al. 2005). The baseline survey was administered in 2002 and the follow up survey was conducted in 2004. Data collection for both survey waves was implemented by the Center for Research, Evaluation, and Resource Development (CRERD). Data were collected in the 15 Local Government Areas (LGAs) in the Nigerian states of Bauchi, Enugu and Oyo that were part of the VISION project area. Three types of health facilities were studied: hospitals, pharmacies, patent medical stores (PMS), public and private health clinics and doctors' offices.

The sampling plan for the facility survey was linked to that of an associated household survey (Agha et al. 2003a; Adewuyi et al. 2005). The enumeration areas (EA) used in the facility survey were the same as those used in the household survey. The

sample was selected using multi-stage stratified sampling. Forty EAs were randomly selected from each of the three states and the number of EAs per LGA was selected using probability proportional to LGA size (PPS). In the second stage, the EAs were selected from a list obtained from the State Office of the National Population Commission (NPC) using systematic random sampling. To identify facilities to be surveyed, a facility census was conducted in all the enumeration areas selected for the household survey. Secondary and tertiary facilities in adjacent EAs were also included in the census as people may be inclined to travel outside of their enumeration area to seek care at larger health facilities.

The questionnaire was developed by Tulane University's Department of International Health and Development, in consultation with all VISION partners. The survey questionnaire was adapted from the existing and widely used Demographic and Health Survey (DHS) Service Provision Assessment (ORC/Macro, 2002). It included questions relating to health facility administrative procedures, hospital materials and equipment, qualifications and education of health care providers, infection prevention procedures, and STI/HIV/AIDS, family planning and post-abortion care services. The questionnaire was translated into Hausa, Ibo and Yoruba, the main languages spoken in the study area and then back translated into English to verify the translation. After interviewer training and pre-testing of the questionnaire, the surveys were administered by paramedical personnel. The most senior health worker responsible for outpatient services present at the facility was interviewed. A total of 271 health facilities were surveyed in 2002, and 233 were surveyed in 2004.

### *Measures*

To assess the availability and quality of services provided at health facilities, questions were asked about availability of services, type of STI tests conducted at the facility, provision of specific family planning methods, availability of IEC materials and provider training.

### *Methods*

Logistic regression was used to estimate trends in key indicators after controlling for other factors. To facilitate interpretation, all results are shown as adjusted proportions. Results were calculated for all types of facilities combined, as well as separately for each facility type (hospitals, pharmacies/PMS and health clinics/doctors' offices). All analyses were controlled for local government area (LGA) and State. The analysis of all facilities combined also controls for facility type. Data were not weighted to correct for over/under sampling as the accuracy of the Ministry of Health's facility lists for each State is unknown (Agha et al, 2003b).

### *Study Limitations*

This survey has several potential limitations. As responses are self-reported, results may be subject to recall and response bias. Due to the cross-sectional study design it isn't always possible to determine the direction of causal associations. Because the contiguous EAs were not mapped, the exact borders of those EAs could not be determined and therefore, it was not possible to determine if all secondary and tertiary health facilities had been included in the facility census. Finally, results may not be representative of

health facilities in the states of Bauchi, Enugu and Oyo, since the survey sample was restricted to LGAs in the VISION project area.

## **Results**

### *Trends in Health Outcome Measures: All Facilities*

Logistic regression analyses studied trends in the availability and quality of services at all types of public and private health care facilities between 2002 and 2004. Results were converted to adjusted proportions and are shown in Table 1. Based on data from all facilities combined, improvement was observed in several program areas during the course of the VISION intervention. Specifically, between 2002 and 2004 significant improvements were observed in several indicators of availability of services, STI testing, the availability of family planning products, the availability of IEC materials, and the level of provider training.

Table 1 about here

Between 2002 and 2004, improvement was noted in the availability of services to treat sexually transmitted infections (STIs) as well as post-abortion care. The percentage of all facilities reporting to provide STI services increased from 55.3% in 2002 to 78.1% in 2004. Availability of post-abortion care increased from 41.9% in 2002 to 73.3% in 2004. No change was noted in the availability of family planning services. It is noted, however, that the percentage of facilities that provided family planning services was already high at the start of the intervention period.

The availability of HIV/AIDS testing in health facilities more than doubled between 2002 and 2004; 51.0% of health facilities surveyed reported conducting

HIV/AIDS testing in 2004 compared to only 24.1% in 2004. By contrast, the availability of gonorrhea and syphilis testing did not change.

The availability of the combination estrogen-progesterone oral contraceptives increased significantly between 2002 and 2004. Approximately three-quarters of facilities reported having combination estrogen/progesterone oral contraceptives on hand in 2004 compared to only 61.0% in 2002. This increase appears to have occurred at the expense of a decrease in availability of Depo-Provera. Availability of Depo-Provera decreased between from 37.1% to 29.3% between 2002 and 2004. No changes were observed in the availability of progesterone only oral contraceptives, IUDs, or female condoms. Although the availability of male condoms did not increase either, it is noted that almost nine out ten facilities reported stocking them throughout the VISION intervention period.

The data also show substantial improvement in the availability of Information, Education and Communication (IEC) materials about family planning and STI/HIV during the course of the VISION intervention period. The percentage of health facilities with visual aids, booklets or pamphlets on family planning increased from 24.8% in 2002 to 41.6% in 2004. Similarly, the percentage of facilities that had visual aids, booklets or pamphlets on STIs/HIV/AIDS increased from 15.2% in 2002 to 25.6% in 2004.

While an increase was observed between 2002 and 2004 in the proportion of providers trained on family planning counseling (from 52.4% in 2002 to 70.5% in 2004, the percentage of family planning providers who received in-service training on STI diagnosis or post-abortion care remained relatively low at approximately 20% and 10%, respectively.

### *Trends in Health Outcome Measures: Hospitals*

This section uses logistic regression analyses to measure availability and quality of services separately for each of three types of health facilities: 1) hospitals, 2) pharmacies and patent medicine stores, and 3) public and private clinics and doctors' offices.

Table 2 shows the results for hospitals. Results indicate that the availability of STI services and post-abortion care in hospitals increased during the course of the VISION project intervention period. The percentage of hospitals providing STI services on the day of the survey increased from 66.2% to 95.3% between 2002 and 2004 and the percentage of providing post-abortion care on the day of the survey increased from 54.0% to 87.0%. The availability of family planning services in hospitals did not change significantly.

Availability of syphilis testing at hospitals increased between 2002 and 2004, as did HIV testing. Approximately 80% of hospitals provided syphilis testing in 2004 compared to only 58.1% in 2002. Similarly, three-quarters (75.4%) of hospitals provided HIV testing in 2004 compared to only one-third (32.5%) in 2002.

Indicators of availability of specific family planning methods, IEC availability, and provider training did not change significantly between the two survey rounds.

Table 2 about here

### *Trends in Health Outcome Measures: Pharmacies and Patent Medicine Stores*

Table 3 shows trends measures of availability and quality of services at pharmacies and patent medicine stores (PMS) during the course of the VISION intervention. In general, availability of products and services appears lower at pharmacies/PMS than at hospital

facilities. Family planning facilities were available at approximately three-quarters of pharmacies/PMS on the day of the survey and approximately six out of ten provided STI services on the day of the survey. Those percentage did not change significantly during the course of the intervention. Post-abortion services and STI testing were not provided at pharmacies/PMS.

Table 3 about here

In terms of specific modern family planning methods, availability of progesterone/estrogen combination oral contraceptives increased from 51.2% to 70.8% during the course of the VISION project. While over 90% of pharmacies/PMS in both years supplied male condoms, availability of other modern family planning methods remained lower than 25%. The percentages did not change during the course of the intervention.

The availability of IEC materials in pharmacies also increased during the course of the VISION intervention. Between 2002 and 2004, the percentage of pharmacies/PMS providing visual aids/booklets/pamphlets on family planning counseling doubled from 9.9% to 20.6% and the percentage with visual aids/booklets/pamphlets on STI/HIV/AIDS increased from 3.5% to 13.2%.

The percentage of pharmacists and patent medicine vendors who received training in family planning counseling increased from 31.5% to 56.4% between 2002 and 2004. However, the proportion who received in-service training on STI diagnosis or post-abortion care did not change significantly, and remained low at about 10% or less.

*Trends in Health Outcome Measures: Health Clinics and Doctors' Offices*

Table 4 shows the availability and quality of services at health clinics and doctors' offices. As the total sample size for health clinics and doctors' offices was small (N=84), it was difficult to detect significant changes between 2002 and 2004. Results indicated that availability of family planning services on the day of the survey doubled between the two survey rounds (from 31.6% to 62.0%). The availability of STI services and post-abortion care at health clinics and physicians offices did not increase significantly.

Table 4 about here

The availability of condoms at clinics and doctors' offices increased from 72.7% to 91.5% between 2002 and 2004. An increase in availability of female condoms was also noted (26.9% in 2004 vs. 10.0% in 2002). The availability of other family planning methods did not increase during this period. In 2004, male condoms and estrogen/progesterone combination pills were the most readily available types of modern family planning methods; over eight out of ten clinics and doctors' offices reported having them in stock. Over three-fourths of clinics and doctors' offices also reported stocking Depo-Provera in both years and approximately half stocked IUDs.

The availability of IEC materials on HIV and family planning was high, but did not improve during the VISION intervention period. Approximately two-thirds of clinics and doctors' offices reported availability of STI/HIV/AIDS visual aids/booklets/pamphlets and about two thirds reported having of IEC family planning materials.

No significant changes were noted in level of provider training; less than 40% of clinics and doctors' offices received in-service training on STI diagnosis or post-abortion care. Levels of family planning counseling training were higher, with approximately two thirds of clinic and doctors' offices reporting that they received such training.

### **Conclusions**

This study examined trends in availability and quality of services in health facilities in the VISION project area in Bauchi, Enugu, and Oyo States in Nigeria. Results indicate that the availability of STI and post-abortion care services have increased during the course of the intervention. While significant improvement was noted in the availability of male condoms and combination oral contraceptives, availability of several other types of family planning methods remains limited. The availability of IEC materials on family planning counseling and HIV/AIDS/STI at health facilities increased significantly during the VISION intervention period. Nevertheless, the overall proportion of facilities having such materials remained relatively low. In terms of provider training, progress was noted in family planning counseling, but not STI diagnosis or post-abortion care.

Breakdown by type of facility further shows that the increased availability in STI services, STI testing, and post-abortion care services is due predominantly to changes in hospitals. Significant increases in the availability of the combined oral contraceptive pill were noted at pharmacies and patent medicine stores. Increases in the availability of male and female condoms were noted mostly at 'other' health facilities. Increases in the availability of IEC materials on family planning and HIV/AIDS are noted mostly at pharmacies and patent medicine stores.

In sum, the findings from this study suggest that there were several notable improvements in the availability and quality of services at health facilities during the course of the VISION intervention. Future program efforts should focus on further expanding the range of family planning methods that are available at health facilities to provide clients with a wider range of options. Since health workers tend to be a respected source of information, it is also recommended to continue to increase the provision of IEC materials on family planning and STI/HIV/AIDS at health facilities.

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Table 1: Trends in product and service availability, availability of IEC materials and training received, among health facilities, <sup>1</sup>by survey wave.

	All facilities <sup>1</sup> (N=504)		
	2002 %	2004 %	p-value
<b>Availability of Services</b>			
STI services available on the day of the survey	55.3	78.1	**
Post-abortion care provided on the day of the survey	41.9	73.3	***
Family planning services provided on the day of the survey	63.9	69.9	
<b>Type of STI test conducted at facility</b>			
Gonorrhea	51.7	70.7	
Syphilis	42.7	60.4	
HIV/AIDS	24.1	51.0	***
<b>Provision of Specific Family Planning Methods</b>			
Male condoms	86.8	88.4	
Combined (progesterone/estrogen) pill	61.0	73.5	***
Progesterone only pill	28.7	29.3	
Depo-provera injection	37.1	25.0	**
IUD	19.3	13.2	
Female condoms	5.8	9.0	
<b>Availability of IEC Materials</b>			
% of facilities with visual aids, booklets, or pamphlets on family planning counseling	24.8	41.6	***
% of facilities with visual aids, booklets, or pamphlets on STI/HIV/AIDS	15.2	25.6	**
<b>Provider Training</b>			
% of family planning providers who received in-service family planning counseling training	52.4	70.5	***
% of family planning providers who received in-service STI diagnosis training	17.5	20.2	
% of family planning providers who received in-service post-abortion care training	11.2	12.2	
<b>N of cases (100%)</b>	<b>271</b>	<b>233</b>	

Note: \*\*p<=.05; \*\*\*p<=.01; All analyses have been controlled for local government area, State (Bauchi, Enugu, Oyo), urban/rural location, and type of facility (hospital, pharmacy/PMS).

<sup>1</sup>Facility types include hospitals, pharmacies/PMS and other public and private health clinics and doctors.

Table 2: Trends in product and service availability, availability of IEC materials and training received, among hospitals, by survey wave.

	Hospitals (N=104)		
	2002 %	2004 %	p=value
<b>Availability of Services</b>			
STI services available on the day of the survey	66.2	95.3	***
Post-abortion care provided on the day of the survey	54.0	87.0	***
Family planning services provided on the day of the survey	51.9	65.5	
<b>Type of STI test conducted at facility</b>			
Syphilis	58.1	79.3	**
Gonorrhoea	65.2	78.9	
HIV/AIDS	32.5	75.4	***
<b>Provision of Specific Family Planning Methods</b>			
Combined (progesterone/estrogen) pill	79.2	79.8	
Male condoms	72.8	67.4	
Female condoms	13.3	23.9	
Progesterone only pill	51.4	51.4	
Depo-provera injection	79.0	78.2	
IUD	87.8	82.4	
<b>Availability of IEC Materials</b>			
% of facilities with visual aids, booklets, or pamphlets on family planning counseling	83.3	87.7	
% of facilities with visual aids, booklets, or pamphlets on STI/HIV/AIDS	65.3	70.0	
<b>Provider Training</b>			
% of family planning providers who received in-service family planning counseling training	93.3	97.0	
% of family planning providers who received in-service STI diagnosis training	76.6	66.4	
% of family planning providers who received in-service post-abortion care training	70.2	71.0	
<b>N of cases (100%)</b>	<b>48</b>	<b>56</b>	

Note: \*\*p<=.05; \*\*\*p<=.01; All analyses have been for controlled local government area and State (Bauchi, Enugu, Oyo).

Table 3: Trends in product and service availability, availability of IEC materials and training received, among pharmacies/PMS, by survey wave.

	Pharmacies/PMS (N=316)		
	2002 %	2004 %	p-value
<b>Availability of Services<sup>1</sup></b>			
Family Planning services provided on the day of the survey	72.5	72.0	
STI services available on the day of the survey	64.1	57.0	
<b>Provision of Specific Family Planning Methods</b>			
Combined (progesterone/estrogen) pill	51.2	70.8	***
Male condoms	91.3	91.3	
Female condoms	4.7	4.6	
Progesterone only pill	18.6	23.2	
Depo-provera	17.0	9.7	
IUD	8.5	4.8	
<b>Availability of IEC Materials</b>			
% of facilities with visual aids/booklets/pamphlets on family planning counseling	9.9	20.6	**
% of facilities with visual aids/booklets/pamphlets on STI/HIV/AIDS	3.5	13.2	***
<b>Provider Training</b>			
% of Family Planning providers who received in-service family planning counseling training	31.5	56.4	***
% of Family Planning providers who received in-service STI diagnosis training	8.2	11.8	
% of Family Planning providers who received in-service post-abortion care training	3.3	6.0	
<b>N of cases (100%)</b>	<b>183</b>	<b>133</b>	

Note: \*\*p<=.05; \*\*\*p<=.01; All analyses have been controlled local government area and State (Bauchi , Enugu Oyo).

<sup>1</sup>Post-abortion care was not provided in the pharmacies/PMS

Table 4: Trends in product and service availability, availability of IEC materials and training received, at other health facilities, <sup>1</sup> by survey wave.

	Other health facilities <sup>1</sup> (N=84)		
	2002 %	2004 %	p-value
<b>Availability of Services</b>			
Family Planning services provided on the day of the survey	31.6	62.0	**
STI services available on the day of the survey	25.0	43.1	
Post-abortion care services provided on the day of the survey	24.3	23.1	
<b>Type of STI test conducted at facility</b>			
Syphilis	28.5	21.1	
Gonorrhoea	33.8	52.2	
HIV/AIDS	26.0	8.2	
<b>Provision of Specific Family Planning Methods</b>			
Combined (progesterone/estrogen) pill	81.0	82.2	
Male condoms	72.7	91.5	*
Female condoms	10.0	26.9	*
Progesterone only pill	49.8	33.9	
Depo-provera	87.0	76.4	
IUD	46.2	48.2	
<b>Availability of IEC Materials</b>			
% of facilities with visual aids/booklets/pamphlets on family planning counseling	61.1	77.2	
% of facilities with visual aids/booklets/pamphlets on STI/HIV/AIDS	63.0	69.7	
<b>Provider Training</b>			
% of family planning providers who received in-service family planning counseling training	79.9	66.6	
% of family planning providers who received in-service STI diagnosis training	34.9	29.7	
% of family planning providers who received in-service post-abortion care training	37.2	26.0	
<b>N of cases (100%)</b>			

Note: \*p<=.10; \*\*p<=.05; \*\*\*p<=.01; All analyses have been controlled local government area and State (Bauchi , Enugu, Oyo).

<sup>1</sup>Other types of facilities include public and private health clinics and doctors.