Nearly all (>90 per cent) respondents felt that they were being provided with the methods of their choice; family planning providers took clients’ method preferences and wishes into consideration; and they were given a date on which to return to the SDP for a check-up and/or additional supplies. Nearly one in three clients interviewed reported having paid for a family planning service, on average 1 Lilangeni for a card, nothing for laboratory test, 5 Lilangeni for a contraceptive method from the provider, and 1 Lilangeni for contraceptives purchased from the pharmacy.

Conclusion

Warehousing and sourcing of supplies are not evenly distributed across the country. As such, some facilities may be facing challenges in receiving commodities due to long distances. Most service delivery points were adequately equipped with a cold chain facility that depended on electricity from the national grid as the source of power. This study, however, could not verify whether the cold chain was working properly. Although each region had staff trained in family planning this training may not have been managed centrally, hence the differences in availability of trained staff across the region and level of care. Clients who received services at the facilities visited were generally impressed with the services that they received.

Methodology

One hundred and twenty health facilities at all service delivery points (SDPs) were identified, and the researchers arrived at a sample of 55. Four teams conducted a facility interview and five exit interviews at each primary SDP, while observations of family planning and maternal/reproductive health services were to be made at the regional hospitals. The data were analyzed using SPSS software.

Key findings

Availability of contraceptives:
Male condoms were the most available (97 per cent) modern contraceptive method, followed by injectables (93 per cent), oral contraceptives (92 per cent) and female condoms (92 per cent). Male sterilization was the method least available, followed by female sterilization and implants. The main reasons why some facilities were not offering the methods they were expected to included: facilities being owned by Catholic institutions; no demand for methods by clients; lack of equipment to aid provision of some methods (e.g. IUDs) and lack of trained staff.