Just over half of users of family planning source their commodities from health facilities. According to the users, they would be amenable to a community-based system if it reduces the cost and eliminates the need to travel long distances.

The findings suggest that there is space for community-based health practitioners to provide family planning commodities. Huge investment in capacity building would be necessary to provide these services effectively.

Study participants felt the mechanisms to promote family planning were effective in reaching adult women but not men and the youth. Barriers to uptake include long distances to access services, the costs associated with travel and time spent waiting to access services.

**Conclusion**

There is unmet need for family planning at the community level. The community-based distribution system should be based at facilities with facility-based health workers providing a supervisory role for community-based distributors. There is a need for capacity building among the potential distribution agents.

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**Methodology**

A mixed method consisting of questionnaires and focus group discussions was used. The target population was health facilities, staff, rural health motivators, regional health management teams and users of family planning commodities. A sample of 44 health facilities, regional health management teams, and 422 family planning commodity users took part.

**Key findings**

There is ample knowledge on family planning methods but use is still low. Knowledge of family planning methods is high for male and female condoms, injections and oral contraceptives. There is more knowledge of modern types of family planning than traditional methods. About 68 per cent of sexually active participants reported that they were currently using family planning methods. About 68 per cent of these were using male condoms.

The use of modern methods is consistent with level of knowledge of the types of methods. Only 2.2 per cent and 5.2 per cent of participants who use family planning reported using the calendar and withdrawal methods, respectively.