1. As we move to six month refills what should we do differently in how we offer FP as part of DSD?

Alors que nous passons à des reapprovisionnement de six mois d'ARV, que devrions-nous faire différemment dans la façon dont nous proposons la PF dans le cadre de la PSD?

Lack of policy guidance to integrate FP in ART DSDM

1. Offer the full list of contraceptives including long acting contraception

Train PLHIV community cadres, or engage existing community-based distributors and assign them to a health facility where they can support staff and clients, and engage in follow up.

6 months DSD for ART and FP may not work as the pregnancy intentions will change and wastage of FP commodities will be high. 3 month FP can be reasonable

Strengthen pgncy intention assessment among WLHIV irrespective of DSD model (facility / comm models). Advocate for FP use & provide FP if no pgncy intended as a 'one stop shop' approach in HIV clinics and MCH (PNC).

Additionally, we need to strengthen documentation and reporting

We will also need to rely more on peers for support as we progress to 6MMD. For this, task-shifting to peer and creating the capacity to deliver FP counselling and some refills will be important.

let services be provided and women be told these services are avialable

products along with ART distribution models. Integrated pregnancy assessment and FP support for decision making. Integrated RH and HIV programs coordinators in joint monitoring and technical support

Yes, however appointments are not always kept as some clients prefer to leave home or work on multiple days. They use hospital visits as an opportunity to leave the house

Consider use of peers to provide support in adherence/continous use of FP methods. This can help ensure women are using methods best suited to their needs.

How do we engage the Doctors in hospital to assist us with long acting contraceptives during labour and delivery

Nous devons encourager l utilisation des contraception dans le maximum des sites .Capaciter les agents sur les suivi communautaires des femmes sous contraception.

Train Health Care Providers in provision of integrated care - HIV/FP. Strengthen the Suppler Chain Management to ensure the availability of commodities. Increase health literacy.

Re-asses if the method the woman is using is still the best choice for her when she starts DSD

Offer FP long lasting methods as well with multi month dispensation

line list Clients eligible for MMD and FP

We need to ensure HCW are trained, they have tools to use and commodities made available for One stop provision of FP services for WLHIV

1. Investment in long acting Family planning options, aligning FP refills with ART refills.

There is a need to promote IUCD immediately after delivery to strengthen MMD

There is a need to sensitize relevant health care workers to scale up LARC as part of the FP choices

2. Thinking about the ART and FP data in your setting, how can you monitor if FP is being provided in DSD for women living with HIV?

En pensant aux données de TAR et PF dans votre pays, comment pouvez-vous faire le suivi pour savoir si la PF est fournie dans la PSD pour les femmes vivant avec le VIH?

NO. Lack of operational guidance, staff capacity and stable supply chain

EMR facilities can do it if the tools are are modified

The supply chain is still a challenge

need to ensure the FP variables are included in existing ART M&E systems - currently separate systems or variables not completed

2. Include FP in data collected at each visit. ensure HCWs can verify authenticity of patient's responses. For electronic patient monitoring records, add FP as part of variables to be captured at each ART contact with a patient.

Conduct monthly data review meetings on FP uptake

Community-led monitoring can also support countries to know if FP is being provided and the quality of the services provided.

Les données sur la PF sont captées dans nos outils mais le suivi n'est pas effectifs pour une prise de décision mais également les prestataires ne sont pas véritablement capacités sur l'importance de la PF

Integration of the existing tools is key, either paper based tools of EMR

Education on FP needs to be reinforced because the women are still very resistant to start if they still desire a pregnancy

Q2: Establish an electronic data monitoring integrated into the HIV database; train health providers in screening and identify eligible patients

Opt out approaches included in the EMR

Q2: The existing PMM and PME tools need to edited to capture FP indicators, as well as the EMR, and ensure these are captured overall in the National repositories

Develop an audit tool with expected services to be received by mothers at the clinic. this will ensure data capture

National policy needs to integrate this into programs

is there a role for facility level targets?

electronic data capture systems in HIV clinics and MCH need to be modified to look at FP provision using a 'cascade' approach. Starting with the pgncy assessment piece to FP / No FP issuance and routine Pgncy

l' harmonisation des outils de collecte des données entre le programme de lutte contre le VIH et celui de la planification familiale

3. In your setting are pills and depot aligned to ART refills? If not what are the barriers?

Dans votre pays, les approvisionnements en contraceptifs sont-ils alignés sur les réapprovisionnement en ARV? Si non, quelles sont les barrières?

depot are aligned to ART refills. Barriers are linking the access to services if not provided in the same service point. Many women access FP in Public health units post partum and continue services there even after transfer to ART inspite

les approvisionnements en contraceptifs et ARV ne sont pas fait momentanément

It is not easy to identify the various FP needs in women unlike ARVs which is standard regimen

RDC , non les approvisionnements des contraceptifs ne sont pas aligne sur les réapprovisionnement en ARV, parce que les politiques en matiere d approvisionnement sont élaborés par deux programmes différents.

No. Facilities are short-staffed. Staff are de-motivated.

Q3: lack of guidelines for integration of FP into ART DSD; poor integration of programs: MCH program and HIV program

integrated appointment systems for ART & FP. 2. Infrastructure challenges for integrated services under one roof especially for the LARCS. 3. Lack of Champions that are accountable to ensure

No. Policy does not allow PBFW women to be in DSD models

1) Capacity building of HCWs on use of FP (2) Align the monitoring tools for both ARVs and FP

Procurement of ARVs and FP commodities are done separately

Consider incorporating DMPA-SC into the method mix. Continuous use tends to be better among women who choose this method, versus having provider administered DMPA or pills.