



INTEGRATION OF FAMILY PLANNING

Not all national policies describe the integration of family planning (FP) into DSD. This dashboard describes how FP is integrated into DSD for HIV treatment models as outlined in national guidelines.

	Any guidance in DSD policy	FP provision within DSD models	Specifies FP needs and contraceptive method review at ART clinical reviews in DSD model	Specifies LARC offer at DSD enrolment and ART clinical reviews	Only oral refill in DSD model	Oral and self-injectable* refill in DSD model
Angola	X					
Burundi	X					
Cameroon	X					
DRC	X					
Eswatini ¹	✓	✓	✗			
Ethiopia	X					
Ghana ²	✓	X				
Kenya ³	✓	✓	X			
Lesotho	X					
Liberia	X					
Malawi	X					
Mozambique	X					
Namibia	X					
Nigeria	X					
Rwanda ⁴	✓	✓	X			
South Africa ⁵	✓	✓	✓			
Sierra Leone ⁶	✓	✓	✗			
Tanzania ⁷	X					
Uganda ⁸	✓	✓	✗			
Zambia ⁹	✓	✓	X			
Zimbabwe ¹⁰	✓	✓	✓			

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Key

- National policy
- X No
- ✓ Yes
- ✗ Partially

References

Click on the ovals in the table to access the referenced policy.

Acronyms:

- ART – Antiretroviral therapy
- DMPA – Depot medroxyprogesterone acetate
- DSD – Differentiated service delivery
- FP – Family planning
- IM – Intramuscular
- LARC – Long-acting reversible contraception
- MMD – Multi-month dispensing
- SC – Subcutaneous
- SRH – Sexual and reproductive health

*Not all countries have DMPA-SC self-injectable

Notes

1. **Eswatini:** The guidance provides for same-length FP refills in DSD models, including 6MMD models. However, it does not specify by method, nor does it refer to offering LARC or insertion/removal. We have assumed that “FP refills” refers to oral contraceptives. The overview of DSD model clinical consultations provides for integration of FP, with no specified FP needs assessment and method review in the ART clinical consultation service package building block for any of the DSD models. There is a specific section on FP method provision for community DSD models supported by mobile outreach, which includes implants, injectables and oral contraceptives with the same refill length and clinical consultation frequency as ART.
2. **Ghana:** All people living with HIV receiving ART through DSD models must continue to access SRH services. Utilization of LARC is advantageous. Injections should be administered on the same day as ART refills if possible.

3. **Kenya:** IM injectables are provided through a fast-tracked process between ART DSD model clinical visits; oral contraceptives (and condoms) are distributed with ART refills in DSD models.
4. **Rwanda:** Distribution of contraceptive commodities should be aligned with frequency of ART visits. LARC should be offered to all women living with HIV, including those in DSD models, and oral contraception refills of six to 12 months should be provided with ART 6MMD. The policy does not specifically address self-injectables, but as DMPA-SC is widely available in the public sector, we have assumed it is included.
5. **South Africa:** FP assessment and review takes place annually in ART clinical reviews, with a six-monthly method check in. Oral contraceptives are scripted with ART by the ART provider and dispensed and supplied through the DSD model.
6. **Sierra Leone:** A family planning method review is specified with a comprehensive clinical assessment, and an FP refill under the annual clinical consultation.

- No specific reference is made to offering LARC or insertion/removal. In addition, the policy specifies that people on injectable contraception should be provided with FP through a fast-track process between clinical follow-up visits. Those on oral contraceptives (and condoms) should receive their choice of family planning method through their ART distribution model at the same frequency (3MMD or 6MMD).
7. **Tanzania:** The policy highlights the importance of family planning and provision of contraception for women living with HIV but not specifically within DSD models.
 8. **Uganda:** The clinical consultation package includes the provision of routine FP/contraception information. It specifies that FP services can be integrated into DSD, with ART refills aligned with FP provision. There is no detailed guidance on how each contraceptive method should be delivered.
 9. **Zambia:** Zambia specifies FP in clinical consultations for certain DSD models,

- with no provision for FP refills alongside other refills (for example, in the family-centred care model). It further provides for oral contraception in DSD models for key populations and the service package for other priority populations, but there is no other detail or inclusion of FP refills specifically. We have assumed that oral contraception refills take place with ART refills.
10. **Zimbabwe:** The guidance provides a detailed table for FP integration into DSD models, including offering LARC at DSD enrolment and 6MMD for oral contraception, if supply permits. Otherwise, it provides for a six-month script with 3MMD fast-track collection from pharmacies and community distributors or via a refill model. Women using IM injectables should also be provided with a six-month script, with a fast administration route in between clinical reviews.

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