



The Balanced Counseling Strategy Plus:

A Toolkit for Family Planning Service Providers
Working in High STI/HIV Prevalence Settings

User's Guide

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Note: This publication is one part of a larger publication titled *The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings*. The Balanced Counseling Strategy Plus Toolkit includes the following:

Balanced Counseling Strategy Plus User's Guide

Balanced Counseling Strategy Plus Trainer's Guide

Balanced Counseling Strategy Plus Job Aids

- Algorithm for Using the Balanced Counseling Strategy Plus
- Balanced Counseling Strategy Plus Counseling Cards
- Balanced Counseling Strategy Plus Method Brochures

Balanced Counseling Strategy Plus CD-ROM

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Introduction

In the late 1990s, the Population Council's USAID-funded Frontiers in Reproductive Health Program (FRONTIERS) worked in collaboration with Ministries of Health in several Latin American countries to develop and test a practical, interactive, and client-friendly strategy for improving counseling within family planning consultations. This strategy is called the Balanced Counseling Strategy (BCS) (León 1999; León et al. 2004). The BCS uses three key job aids for counseling clients about family planning: an algorithm to guide the provider through the counseling process, a set of counseling cards for contraceptive methods, and corresponding brochures for each method. The strategy, tested and refined in several countries, comprises a series of steps to determine the contraceptive method that best suits the client according to her/his preferences and needs. This strategy improves the quality of the provider's counseling and allows the client to take ownership of the decision. The BCS proved effective as a tool to assist family planning providers to improve the quality of care (León et al. 2003). The approach is practical, low cost, and easy to adapt to local contexts. *The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers* was published to provide the information and tools needed for health care facility managers, supervisors, and service providers to implement the BCS in their family planning services (León, Vernon, Martin, and Bruce 2008).

Why the Balanced Counseling Strategy Plus?

In response to the need to incorporate counseling, screening, and services for sexually transmitted infections (STIs), including HIV, within routine family planning consultations in settings characterized by high prevalence of these infections, the BCS was revised to integrate STI/HIV prevention counseling, risk assessment, and HIV counseling and testing (C&T). The resulting Balanced Counseling Strategy Plus (BCS+) tools improve not only the quality of the family planning service but also enable providers to address clients' needs related to STIs and HIV during the same consultation.

Integration of health services has been defined as offering a range of services that can meet several needs simultaneously, usually at the same time, in the same venue, and through the same provider. Referrals to, or linkages with, other related services enable a client to receive a range of needed services, even if the services are not received simultaneously (Askew 2007). In reproductive health, the push for integration or linkage is guided both by many clients having the need for several services simultaneously (and so missed opportunities can be reduced) and by the expectation that the component services can be provided more efficiently when integrated or linked than when delivered individually. Despite many calls for greater attention to be paid to integrating such services in high STI/HIV settings, surprisingly little attention has been paid to the development and empirical testing of practical tools that providers can use to strengthen their capacity to offer integrated services.

The FRONTIERS program developed and piloted the BCS+ in Kenya (2005 to 2007) and South Africa (2004 to 2006) because both countries have high rates of STIs, including HIV, and their contraceptive prevalence rates are relatively high for the region. This situation provides opportunities to reach a substantial proportion of the sexually active population (albeit predominantly female) that is seeking to prevent pregnancy and that also may be at some risk of exposure to an STI/HIV. As in most countries, their family planning and STI/HIV programs are implemented separately, although both countries are actively seeking ways to integrate services. Thus, both Ministries of Health were keen to develop practical tools for increasing the quality of services and numbers of clients receiving integrated services.

The study findings are described more fully elsewhere (see Liambila et al. 2008; Mullick et al. 2008). Both studies showed that:

- Integrating STI/HIV prevention counseling and risk assessment with offering HIV C&T during family planning consultations is feasible and acceptable to clients and providers.
- The quality of care for both family planning and STI/HIV counseling improved significantly with the use of the BCS+ tools.
- Counseling on HIV C&T increased substantially. In Kenya, more than 40 percent of clients were offered C&T services, with almost half of these deciding to be tested, either on site or through referral. In South Africa, those offered testing increased to 29 percent. Furthermore, an overall increase in testing was observed in the district with a doubling of individuals tested.
- Use of the BCS+ tools facilitated greater risk assessment for STIs and HIV. Also, decisions about contraceptive method choice were made with a better understanding of their relationship to infection prevention.
- Despite the concern that adding these services may have a negative impact on the family planning service, improved quality of counseling and no evidence of a decline in utilization showed that this concern was unfounded.

What is included in this toolkit?

The BCS+ job aids and guides are intended for reproductive health programs interested in both strengthening the quality of family planning counseling and responding to the needs of clients at risk for STIs, especially HIV. This toolkit includes the following:

1. **BCS+ User's Guide** (this document) on how to implement the BCS+. It explains how to use the job aids and can be distributed during training on the BCS+ or used for self-teaching with the BCS+ job aids.

2. **BCS+ job aids**, including:

- **The BCS+ algorithm** that summarizes the 19 steps recommended to implement the BCS+ during a family planning consultation. These steps are organized under four stages of the consultation: pre-choice needs assessment; method choice; post-choice actions; and STI/HIV prevention, risk assessment, and counseling and testing. During each stage of the consultation, the provider is given step-by-step guidance on how to use the BCS+ job aids. Depending on the client's response to the issues discussed, the algorithm outlines which actions to take. The BCS+ algorithm can be found on pages 6 to 7 as well as separately with the other job aids in the toolkit.
- **Counseling cards** that the provider uses during a counseling session. There are 19 counseling cards. The first card contains 6 questions that the service provider asks to rule out whether a client is pregnant (adopted from those developed by Stanback et al. 1999). There are 14 method-specific cards that contain information about each family planning method. Each method card has an illustration of the contraceptive method on the front side of the card. The back of the card contains a list of 5 to 7 key features of the method and describes the method's effectiveness. These cards are used to first exclude those methods that are inappropriate for the client's reproductive intentions and then to narrow down the choice to reach a final decision. Four counseling cards provide information on STI/HIV transmission and prevention, risk assessment, dual protection, and HIV C&T that are used during the fourth stage of the consultation.
- **Method brochures** on each of the 14 contraceptive methods. They are designed to help the client better understand the method chosen. The provider gives the client the brochure of the selected method and a brochure with information on condoms to take home. Providers should encourage low-literate or illiterate clients to take the brochure home so that their partner or other trusted friend could review the brochure with them again.

3. **BCS+ Trainer's Guide** that supervisors and others can use to train providers on how to use the BCS+.

The BCS+ job aids and *BCS+ User's Guide* incorporate the latest international family planning and STI/HIV norms and guidance as recommended by the World Health Organization (WHO), including *Medical Eligibility Criteria for Contraceptive Use* (WHO 2004), *Family Planning: A Global Handbook for Providers* (WHO/RHR and JHU/CCP, INFO Project 2007), *Contraceptive Technology* (Hatcher et al. 2004), *Sexually Transmitted and Other Reproductive Tract Infections: A Guide to Essential Practice* (WHO 2005) and *Guidelines for the Management of Sexually Transmitted Infections* (WHO 2003).

These job aids can be revised depending on national and/or regional guidelines and protocols. Guidelines for adapting the BCS+ job aids are included in this document. This toolkit also includes a CD-ROM containing electronic copies of the BCS+ materials so that the job aids and instructional guides can be easily adapted to meet local needs.

How should this toolkit be used?

1. Read this entire *BCS+ User's Guide* on how to implement the Balanced Counseling Strategy Plus.
2. Refer to the BCS+ algorithm as a reminder of the 19 steps used to implement the BCS+. It is helpful to have a copy available on the provider's desk or on a wall in the consultation area so that the provider can refer to it easily.
3. Use the BCS+ counseling cards to help a client choose a method based on her/his reproductive intentions. Use the first counseling card to rule out whether the client is pregnant. If she is not, use the method cards to help the client choose a contraceptive method best suited to her/his reproductive health intentions by discarding those that are inappropriate. Emphasize dual protection throughout the counseling.
4. Once the client has chosen a contraceptive method, use the corresponding BCS+ method brochure to discuss contraindications to the chosen method. If there are none, review the rest of the brochure with the client to reinforce information about the method chosen and to respond to questions. This helps to ensure that the client understands the method. Give the brochure to the client. S/he can refer to it at home or use it to talk to her/his partner.
5. After clients have selected a method, use the four counseling cards to discuss STI/HIV transmission and prevention, conduct a risk assessment, define dual protection, and talk about and offer HIV C & T.
6. For trainers, use the *BCS+ Trainer's Guide* to familiarize health care staff with this new counseling approach and to build their capacity to effectively use the BCS+. The exercises in the trainer's guide can be given all together in a workshop and/or used separately during staff meetings or on-the-job training during supervisory visits.
7. The three BCS+ job aids, *BCS+ User's Guide*, and *BCS+ Trainer's Guide* are available as electronic files on the enclosed CD-ROM. Adapt these materials for use in your region or country as needed.



The Balanced Counseling Strategy Plus

The BCS+ is divided into four counseling stages. Each stage contains a sequence of steps to follow. The BCS+ assumes that the motive of a client's visit is family planning but serves to also offer the client STI/HIV services in the clinic or through referral. The BCS+ integrates counseling on STI/HIV transmission and prevention along with family planning by helping the provider to conduct an STI/HIV risk assessment, discuss dual protection, and discuss and offer the client opportunities for HIV C&T. The BCS+ process can be summarized as a decision-making algorithm, which is described on the next two pages. Below is a summary of the four counseling stages:

- **Pre-Choice Stage:** During this stage, the provider creates the conditions that help a client select a family planning method. The provider cordially greets the client. The provider emphasizes to the client that, during the consultation, other reproductive health issues such as STIs, including HIV, will be addressed depending on her/his individual circumstance. At this time, the provider rules out pregnancy using the counseling card with the checklist of questions. If the client is not pregnant, the provider displays all the method cards and asks the four questions described in the algorithm. As the client responds to each question, the provider sets aside the cards of the methods that are not appropriate for the client. Setting aside these cards helps to avoid giving information on methods that are not relevant to the client's needs. If pregnancy cannot be ruled out, the provider skips to steps 12 to 19 to discuss STI/HIV transmission and prevention, risk assessment, dual protection and HIV C&T. Then the client is given a back-up method, such as condoms, and asked to return when she has her menstruation.
- **Method Choice Stage:** During this stage, the provider offers more extensive information about the methods that have not been set aside, including their effectiveness. This helps the client select a method suited to her/his reproductive needs. Following the steps in the BCS+ algorithm, the provider continues to narrow down the number of counseling method cards until a method is chosen.
- **Post-Choice Stage:** During this stage, the provider uses the method brochure to give the client complete information about the method that s/he has chosen. If the client has conditions where the method is not advised or is not satisfied with the method, the provider returns to the Method Choice Stage to help the client select another method. The provider also encourages the client to involve their partner(s) in decisions about contraception, either through discussion or visit to the clinic.
- **STI/HIV Prevention, Risk Assessment, and Counseling and Testing Stage:** During this stage, the provider uses the four remaining counseling cards to discuss STI/HIV transmission and prevention, conduct a risk assessment, define dual protection, and discuss and offer the client opportunities for HIV C&T. If the client is willing to be tested, the provider encourages the client to disclose their STI/HIV status to their partner(s), and lets the client know both the benefits and risks of disclosure. Then the provider gives follow-up instructions, the method brochure and condom brochure, emphasizing dual protection.

Algorithm for Using the Balanced Counseling Strategy Plus

Pre-Choice Stage

1. Establish and maintain a warm, cordial relationship. Listen to the client's contraceptive needs.
2. Rule out pregnancy using the pregnancy checklist card with 6 questions.

If the client answers:	Then:
"Yes" to <u>any</u> of the questions <u>and</u> she is free of signs and symptoms of pregnancy	1) Pregnancy is unlikely. 2) Continue to Step 3 .
"No" to <u>all</u> of the questions	1) Pregnancy cannot be ruled out. 2) Give client a pregnancy test, if available, or refer her to an antenatal clinic. 3) Ask her to return when she has her menstrual bleeding. 4) Provide her with a back-up method, such as condoms, to use until then. 5) Go to Steps 12 to 19 .

3. Display all of the method cards. Determine whether the client wants a particular method.
4. Ask all of the following questions. Set aside method cards based on the client's responses.
 - a) **Do you wish to have children in the future?**
If "Yes," set aside vasectomy and tubal ligation cards. Explain why.
If "No," keep all cards and continue.
 - b) **Are you breastfeeding an infant less than 6 months old?**
If "Yes," set aside the combined oral contraceptives (the Pill) and combined injectable contraceptive (CIC) cards. Explain why.
If "No," or she has begun her monthly bleeding again, set aside the lactational amenorrhea method (LAM) card. Explain why.
 - c) **Does your partner support you in family planning?**
If "Yes," continue with the next question.
If "No," set aside the following cards: Standard Days Method® and TwoDay Method®. Explain why.
 - d) **Are there any methods that you do not want to use or have not tolerated in the past?**
If "Yes," set aside the cards the client does not want.
If "No," keep the rest of the cards.

Method Choice Stage

5. Give information on the methods that have not been set aside and indicate their effectiveness.
 - a) Arrange the remaining cards in order of effectiveness (number on back of each card).
 - b) In order of effectiveness (lowest number to highest), read the 5 to 7 attributes on each method card not set aside. Ensure that client fully understands the information given on the method before proceeding to the next card.
6. Ask the client to choose the method that is most convenient for her/him.
7. Using the method-specific brochure, determine whether the client has any conditions for which the method is not advised.
 - a) Together with the client, review the section under "Method not advised if you..." in the brochure of the method chosen.
 - b) If the method is not advisable for the client, ask the client to select another method from the cards that remain. Repeat the process from **Step 6 (Step 4** if the client already had a method in mind).

Post-Choice Stage

8. Discuss the method chosen with the client using the method brochure as a counseling tool.
9. Determine the client's comprehension and reinforce key information.
10. Make sure the client has made a definite decision. Give her/him the method chosen and/or a referral and back-up method, depending on the method selected.
11. Encourage the client to involve partner(s) in decisions about/practice of contraception through discussion or a visit to the clinic.

STI/HIV Prevention, Risk Assessment, and Counseling and Testing Stage

12. Discuss STI/HIV transmission and prevention and the client's HIV status using the counseling card.
13. Conduct STI/HIV risk assessment using the counseling card. If the client has STI symptoms, treat her/him syndromically.
14. Discuss dual protection using the counseling card. Offer condoms and instruct the client in correct and consistent use.
15. Conduct HIV counseling and testing (C&T) awareness using the counseling card. If the client is known to be HIV positive, skip to Step 17.
16. Discuss and offer the client an opportunity for HIV C&T. If willing, test the client and counsel her/him on the test results according to national protocols.
17. Encourage the client to disclose HIV status to her/his partner(s). Let the client know the benefits and risks of disclosure.
18. Give follow-up instructions, a condom brochure, and the brochure of the method chosen.
19. Complete the counseling session. Invite the client to return at any time. Thank her/him for the visit. End the session.

Pre-Choice Stage

During this stage, the provider creates the necessary conditions to help the client select a method.

Step 1. Establish and maintain a warm, cordial relationship. Listen to the client's contraceptive needs.

- Establish a formal but friendly manner.
- Call the client by her/his name.
- Demonstrate interest in what the client tells you.
- Establish eye contact with the client.
- Listen to and answer her/his questions.
- Show support and understanding without judgment.
- Ask questions to encourage participation in the discussion.
- Ask whether the client would like a family planning method. If so, rule out pregnancy as described in **Step 2**.

Step 2. Rule out pregnancy using the pregnancy checklist card with 6 questions.

Pregnancy is a contraindication for the use of most family planning methods, except barrier methods such as condoms. It is important to rule out the possibility of the client being pregnant, which can be done by asking the 6 questions on the pregnancy checklist card.

Checklist to be reasonably sure a woman is not pregnant:

- Did you have a baby less than 6 months ago? If so, are you fully or nearly fully breastfeeding? Have you had no monthly menstrual bleeding since giving birth?
- Have you abstained from unprotected sex since your last menstrual bleeding or delivery?
- Have you given birth during the last 4 weeks?
- Did your last menstrual bleeding start within the past 7 days (or 12 days if you plan to use an intrauterine device (IUD))?
- Have you had a miscarriage or abortion in the last 7 days?
- Have you been using a reliable contraceptive method consistently and correctly?

Rule out pregnancy using the table below.

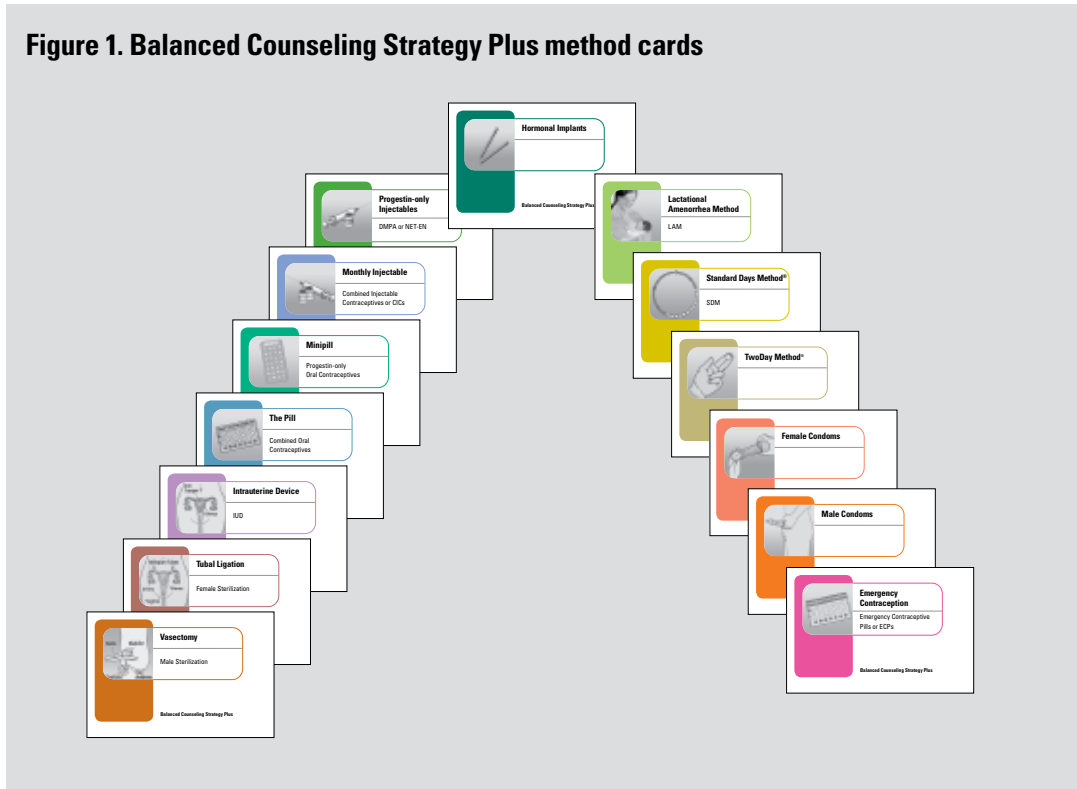
If the client answers:	Then:
“Yes” to <u>any</u> of the questions <u>and</u> is free of signs and symptoms of pregnancy	1) Pregnancy is unlikely. 2) Continue to Step 3 .
“No” to <u>all</u> of the questions	1. Pregnancy cannot be ruled out. 2. Give client a pregnancy test, if available, or refer her to an antenatal clinic. 3. Ask her to return when she has her next menstrual bleeding. 4. Provide her with a back-up method, such as condoms, to use until then. 5. Go to Steps 12 to 19 .

Step 3. Display all of the method cards. Determine whether the client wants a particular method.

1. Display all the BCS method cards on a desk or table, grouped by method type (temporary, fertility awareness, permanent) as shown in Figure 1 below.
2. Each card has information about a different family planning method.
3. Ask whether the client has a particular method in mind.

If the client:	Do this:
Says “No”	Continue to Step 4 .
Says “Yes”	1) Ask what the client knows about the method. 2) If the information is correct, go to Step 7 .
<ul style="list-style-type: none"> ■ Gives incomplete information about the method s/he has chosen <li style="text-align: center;">- Or - ■ Does not know other alternatives that might be more convenient 	1) Correct any misinformation. 2) If necessary, go to Step 4 to help the client choose a method.

Figure 1. Balanced Counseling Strategy Plus method cards



Step 4. Ask all of the following questions. Set aside counseling cards based on the client’s responses.

1. Using the display of method cards, begin the process by saying something like, “Now we are going to discuss your contraceptive needs. We will narrow down the number of methods that might be best for you. Then, I will discuss the key features of each method with you. This will help us to find the right method for your needs.”
2. Ask the 4 questions below. Based on the client’s responses, set aside the cards of methods that do not suit her/his needs.

a) Do you wish to have children in the future?

If:	Do this:
“Yes”	1) Set aside the vasectomy and tubal ligation cards. 2) Explain that sterilization is permanent and not suitable for someone who thinks s/he might want to have another child.
“No”	Keep all cards and continue.

b) Are you breastfeeding an infant less than 6 months old?

If:		Do this:
“Yes”		1) Set aside the combined oral contraceptives (the Pill) and combined injectable contraceptive (CIC) cards. 2) Explain that the hormones in these methods affect breastfeeding.
“No”	- Or - Woman has begun monthly menstrual bleeding again.	1) Set aside the Lactational Amenorrhea Method (LAM) card. 2) Explain that LAM is not suitable for women who are having menstrual bleeding again.

c) Does your partner support you in family planning?

If:	Do this:
“Yes”	Continue with the next question.
“No”	1) Set aside the following cards: Standard Days Method® and TwoDay® Method. 2) Explain that these require partner cooperation. 3) Invite the client to bring her/his partner to a counseling session to discuss family planning with a provider. 4) Point out that male and female condoms also require partner cooperation, but they are important for protecting against STIs, including HIV. 5) Continue with the next question.

d) Are there any methods that you do not want to use or have not tolerated in the past?

If:	Do this:
“Yes”	1) Ask which methods s/he has used and her/his experience with each. 2) Set aside the cards of the methods the client does <u>not</u> want.
“No”	Keep the rest of the cards.
The client has eliminated a method because of rumors or false information.	1) Provide the correct information. 2) Do <u>not</u> set aside the card of that method.

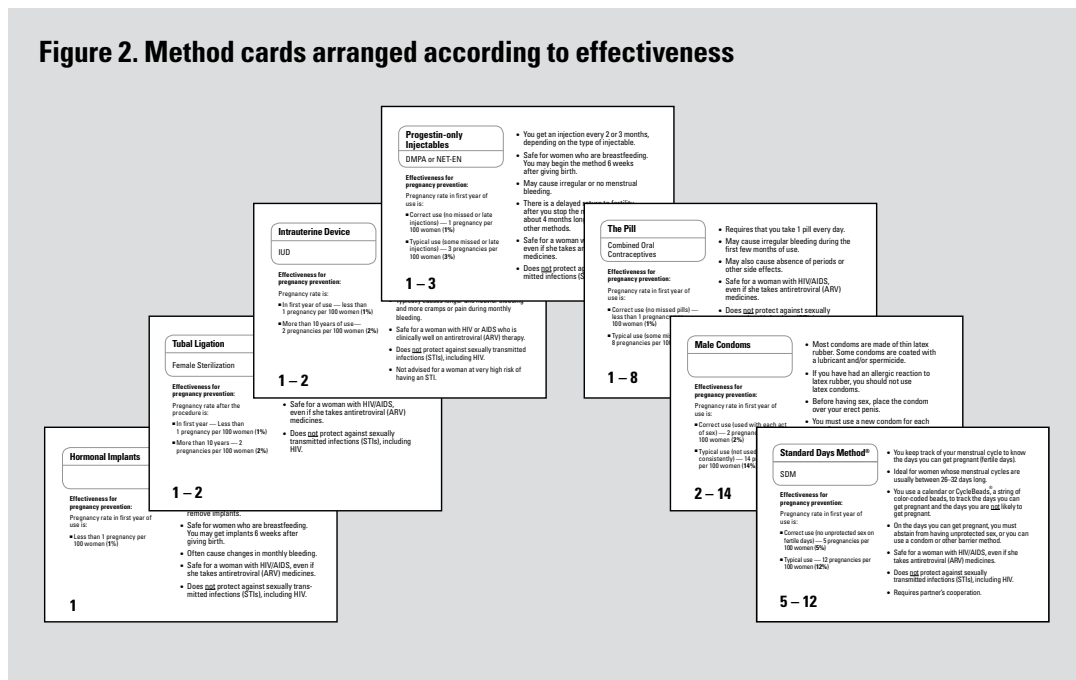
3. If certain methods, such as the IUD, implants, tubal ligation, or vasectomy, are never offered at your health care facility, still talk to the client about these methods.

Method Choice Stage

Step 5. Give information on the methods that have not been set aside and indicate their effectiveness.

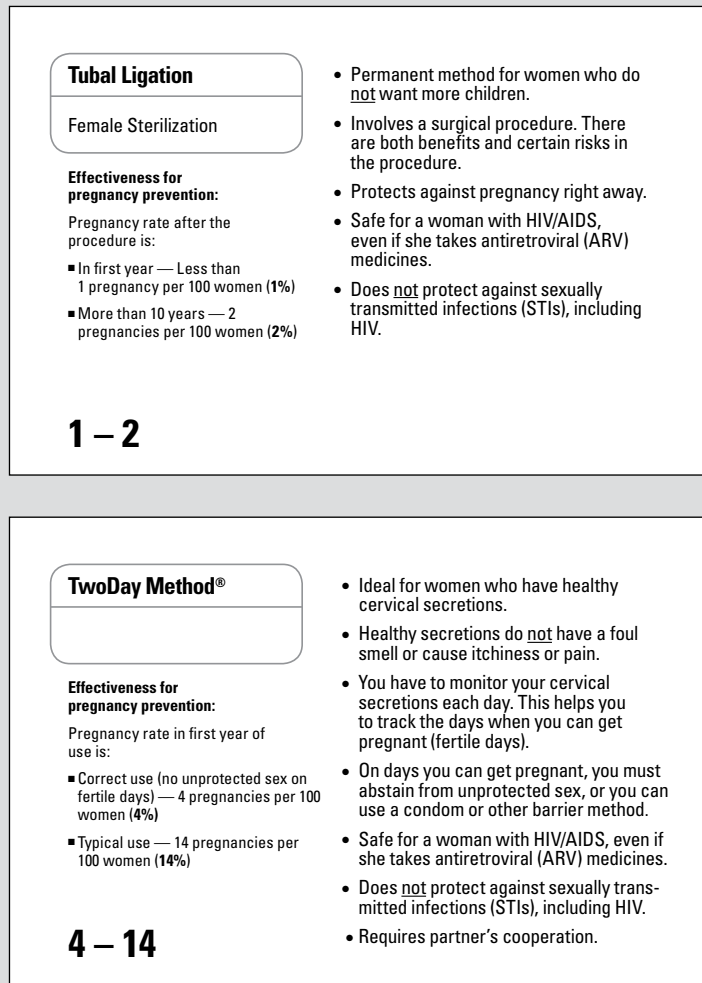
1. Arrange the remaining method cards that have not been set aside on your desk or table according to their level of effectiveness. See Figure 2 below.
2. Display them with the lowest numbers first and the highest numbers last. (The number is on the bottom left-hand side of the back of the card. This number indicates the effectiveness of the method.)

Figure 2. Method cards arranged according to effectiveness



3. Explain the effectiveness of the methods. Effectiveness is measured in number of pregnancies among 100 women in the first year of use. The lower number means fewer women get pregnant using the method. See Figure 3 for example.

Figure 3. Example of method cards showing effectiveness for preventing pregnancy



4. Begin with the card with the lowest number. Read the 5 to 7 key features of each method written on the cards displayed. You may also ask the client to read these attributes her/himself.
5. Explain that the condom (male and female) is the only method that provides dual protection against pregnancy and STIs, including HIV. Emphasize the following:
 - a) Male and female condoms significantly reduce the risk of infection with STIs, including HIV, when used correctly and consistently with every act of sex.
 - b) When used consistently and correctly, condom use prevents 80 percent to 95 percent of HIV transmission that would have occurred without condoms.
 - c) Condoms reduce the risk of becoming infected with many STIs when used consistently and correctly:
 - Protect best against spread of STIs by discharge, such as HIV, gonorrhea, and chlamydia.
 - Also protect against spread of STIs from skin-to-skin contact, such as herpes and human papillomavirus.

Step 6. Ask the client to choose the method that is most convenient for her/him.

1. Ask the client whether s/he has any questions or comments about each method discussed. Respond to any questions. Resolve any doubts before proceeding.
2. Ask the client to choose a method that is most convenient for her/him.
3. If the client asks that you choose the method, explain that s/he is the only person who knows her/his needs. You may give recommendations about a method, but allow the client to make the final choice.
4. Once the client selects a method, do not take the remaining method cards off the table. You may need to return to them if the method chosen is not advised or the client changes her/his mind.
5. If the client does not like any of the methods discussed or cannot make up her/his mind, give the client a back-up method, such as condoms, to use until s/he decides on a method of choice. Condoms can provide dual protection against pregnancy and STIs until the client has another or an additional method. Go to **Step 12**.

Step 7. Using the method-specific brochure, determine whether the client has any conditions for which the method is not advised.

1. Select the BCS+ method-specific brochure corresponding to the method chosen by the client.
2. Together with the client, review the section entitled, “Method not advised if you...” in the method brochure. This lists conditions when the method is not advised.

For example, for the IUD:

Method not advised if you:

- Are pregnant or think you might be pregnant.
- Have unusual vaginal bleeding.
- Have genital or pelvic infections.
- Have AIDS and are not taking antiretroviral (ARV) medicine or are not doing well clinically.
- Have an STI or are at very high risk of having an STI.

3. Using simple, clear language, ask probing questions to make sure that the client does not have any conditions for which the method is not advised.

- Based on the client's response, decide whether to provide the method or return to a previous step.

If the client:	Do this:
Has no conditions	Go to Step 8 .
Has any condition	1) Explain the need to choose another method. 2) Return to Step 5 .
Has any condition and reached this step from Step 3 (already had the method in mind)	1) Explain the need to choose another method. 2) Return to Step 4 .

Post-Choice Stage

Step 8. Discuss the method chosen with the client using the method brochure as a counseling tool.

- Use the method brochure as a counseling tool to review all the information about the method chosen by the client. Begin by saying something like, "*Mrs./Mr. (name), this brochure is for you to take home. Before you go, I would like to review the information with you.*"
- Using clear, simple language review the information about the method presented in the brochure:
 - General information (This is the same information as on each BCS+ method card.)
 - How the method works
 - Important facts about the method
 - When the method is not advised
 - Side effects
 - Health benefits (if applicable)
 - How to use
 - Follow-up (if applicable)
 - When to return to the health care facility
- Give the client the brochure. Encourage her/him to review the brochure again at home and when s/he needs to remember anything about the method.

4. If the client selects a method not available on site, then:
 - a) Still give client the brochure of the method chosen.
 - b) Refer the client to a facility or commercial outlet where s/he can obtain the method.
 - c) Provide client with an alternative, suitable method until s/he can obtain the method of choice.
5. If the client selects a method that is temporarily unavailable (out of stock), then:
 - a) Give the client a brochure of the method chosen.
 - b) Refer the client to a facility or commercial outlet where s/he can obtain the method.
 - c) Provide client with a back-up method until s/he can obtain the method of choice.
 - d) Ask the client to return when the method is in stock at your health care facility.

Step 9. Determine the client's comprehension and reinforce key information.

1. Make sure the client fully understands all aspects of the method s/he has chosen. Comprehension is key to healthy, effective use of the method.
2. Validate comprehension by asking the client to answer the following questions in her/his own words. (S/he may refer to the brochure.)
 - How do you use the method you have chosen?
 - What side effects might you experience with the method?
 - Can the method protect you against getting an STI, including HIV?
 - What are the signs indicating when you should return to the health care facility?
3. Assure the client that it is fine if s/he cannot remember all the details. Make sure the client can find the information in the brochure. (**Note:** If the client cannot read or has very low literacy skills, ask the client to identify a person at home who can read the information to her/him.)
4. Ask whether the client has any questions. Reinforce the basic information on the method chosen.

Step 10. Make sure the client has made a definite decision. Give her/him the method chosen and/or a referral and back-up method, depending on the method selected.

1. Ask the client whether her/his choice is a definite one. Make sure s/he is happy with the choice of method.

If the client is:	Do this:
Happy with the method chosen	1) Give her/him the method and brochure. 2) If IUD, implant, tubal ligation, or vasectomy is chosen and not available on site, give a referral for the procedure, if needed. 3) If the client cannot immediately use the chosen method, provide a back-up method (e.g., condoms). Give the BCS+ brochure on condoms. 4) Suggest that s/he may also abstain from sex until s/he obtains the method of choice.
Not happy with the method chosen and wishes to consider other options	1) Assure the client that it is fine to change her/his mind. The client has a right to informed choice. 2) Return to Step 5 .

2. Do not let the client leave empty-handed. If a method is not available, make sure the client has a back-up method (e.g., condoms), a referral, and the BCS+ brochure on condoms.
3. Give the client his/her method brochure.

Step 11. Encourage the client to involve partner(s) in decisions about/practice of contraception through discussion or a visit to the clinic.

1. Encourage the client to discuss her/his contraception method with their partner.
2. Mention that this can help them in the following manner:
 - Partner can remind you of the time to take your method, if taking a method regularly, and follow-up dates.
 - You can negotiate condom use to prevent STI, including HIV.
 - You can discuss your plans to have children, whether you are HIV positive or negative.
 - You can let him know that the prevention of mother to child transmission (PMTCT) during pregnancy can reduce transmission of HIV to babies.
 - He/she can support you if you need wellness and HIV services (antiretroviral therapy [ART]).

STI/HIV Prevention, Risk Assessment, and Counseling and Testing Stage

Use the four counseling cards to discuss STI/HIV transmission and prevention, risk assessment, dual protection, and HIV C&T. During the discussion, emphasize that prevention, early detection, and prompt management of STIs, including HIV, are beneficial to the client, her/his partner and family, and the community at large.

Step 12. Discuss STI/HIV transmission and prevention and the client's HIV status using the counseling card.

1. Explain to the client that if s/he is having unprotected sex, s/he is at risk for getting an STI, including HIV.
2. Review the following points from the counseling card and assess the client's knowledge of STIs and HIV.
 - Knowing your HIV status protects you, your partner, and family.
 - You can become infected with an STI, including HIV, through unsafe or unprotected sexual activity. STIs are common. HIV is an STI that cannot be cured.
 - HIV is transmitted through an exchange of bodily fluids such as semen, blood, breast milk, and during delivery.
 - Maternal transmission of HIV to the child can be substantially reduced by prevention of mother-to-child transmission (PMTCT) services.
 - Some STIs can be treated. Because the infection is sexually transmitted, both partners must be treated to avoid reinfection.
 - An infected person may not show any symptoms. A person with an STI, including HIV, may look healthy.
 - Common STI symptoms are vaginal discharge, discharge from the penis, sores in the genital area, burning on urination for men, and lower abdominal pain for women.
 - Risk of infection can be reduced by using a condom, limiting the number of sex partners, periodically abstaining from sex, using alternatives to penetrative sex, and delaying sex (adolescents).
3. Ask client whether s/he knows her/his HIV status.
4. Gently inquire whether the client is willing to disclose her/his status. If so, encourage the client to tell you her/his status. This will help to better tailor the counseling.

Step 13. Conduct STI/HIV risk assessment using the counseling card. If the client has STI symptoms, treat her/him syndromically.

1. Ask whether the client knows what puts them at risk for STIs/HIV.
2. Correct misinformation, fill in gaps, and answer any questions.

3. Using the counseling card, discuss the following risk assessment factors with the client:
 - Number of sexual partners, both currently and in the past.
 - Knowledge of partner's sexual practices and past partners.
 - Type of sex or sexual activities and behaviors you are practicing (e.g., mutual monogamy, whether partner has other sexual partners, oral sex, anal sex, dry sex, or use of detergents and/or spermicides).
 - Current symptoms/treatment of STIs and history of previous STI infections, symptoms, and treatment for self and partner(s).
 - HIV status and HIV status of partner(s).
 - Past and present condom use (including perception of partner's attitude) and whether you are aware that condoms protect against both STIs/HIV and pregnancy.
 - Home life situation (e.g., partner violence, social supports).
 - Using PMTCT services during pregnancy, delivery and breastfeeding.
4. If the client has STI symptoms, either treat her/him syndromically per national guidelines or refer her/him for tests, if available.
5. Help client make a plan to reduce risk (including discussion of dual protection and condom use). Strategies may include:
 - Reducing the number of sexual partners.
 - Using condoms (male or female) correctly and consistently with every act of sex. Condoms are the only method that protects against STIs, including HIV.
 - Making condoms available to your partner and encourage their use correctly and consistently.
 - Avoiding the use of unclean skin-cutting instruments and/or injection needles.
 - Having any STI or cervical infection detected and treated immediately.
 - Undergoing any procedures involving the genital tract in an aseptic environment.
 - Practicing dual protection.
 - Knowing your HIV status.

Step 14. Discuss dual protection using the counseling card. Offer condoms and instruct the client in correct and consistent use.

1. Explain to the client that dual protection is the simultaneous prevention of STIs and pregnancy.
2. Using the counseling card on dual protection, review dual protection strategies with the client:
 - Using a male or female condom correctly and consistently with every act of sex. This one method protects against STIs and pregnancy.

- Using condoms consistently and correctly plus another family planning method. This provides added protection against pregnancy in case of method failure.
 - If both partners definitely know they are not infected, using any family planning method to prevent pregnancy and staying in a mutually faithful relationship. This depends on good communication and trust between partners.
 - Engaging only in safer sexual intimacy that prevents semen and vaginal fluids from coming into contact with each other's genitals or other vulnerable areas, such as the mouth and anus.
 - Delaying or avoiding sexual activity, especially with a partner whose STI/HIV status is not known.
3. Ask whether the client has any questions.
 4. Offer condoms. Ask whether the client knows how to use a condom.
 5. Demonstrate use of the condom, if required. Ask the client to do a return demonstration.
 6. Provide information about where the client can obtain condoms.

Step 15. Conduct HIV counseling and testing (C&T) awareness using the counseling card. If the client is known to be HIV positive, skip to Step 17.

1. Using the counseling card, discuss the following points with the client:
 - Knowing your HIV status can help you make decisions about protecting yourself and your sexual partner(s) and having children.
 - A test is available to determine whether a person is infected with HIV. The test involves taking a sample of blood.
 - The test is free and available at clinics, hospitals, and HIV counseling and testing sites.
 - No one can force you to have the test. Taking an HIV test is voluntary.
 - Test results are confidential.
 - When a person is first infected with HIV, it can take 3 to 6 months for the test to detect the infection. This is called the window period. It is the reason why repeat testing can be important.
 - A positive test result means you are infected with HIV and can transmit the virus to others.
 - A negative test result can mean you are not infected or that you are in the window period. You should retake the test in 3 months.
 - If the test is still negative, it does not mean that you cannot **still** get HIV at a later date. Retest in the future if you have had unprotected sex or any other risky exposure.

2. Stress that fact that HIV is an STI. Tell the client that it is important to ask her/his sexual partner(s) to be tested too.

Step 16. Discuss and offer the client an opportunity for HIV C&T. If willing, test the client and counsel her/him on the test results according to national protocols.

1. Emphasize to the client that prevention, early detection, and prompt management of STIs, including HIV, are beneficial to them, their partner and family, and the community at large.
2. Discuss and offer the client opportunities for HIV C&T.

If the client:	Do this:
Is willing	Counsel and test the client for HIV in the family planning clinic, or refer her/him to specialized HIV C&T service.
Is not interested	1) Explore issues preventing the client from accepting the test. 2) Allow for repeat counseling during a subsequent visit.
Knows HIV status and is positive	Ask when the client last attended a health facility for her/his monitoring visit.
Knows HIV status and is negative	Discuss a timeframe for repeat testing.

Step 17. Encourage the client to disclose HIV status to her/his partner(s). Let the client know the benefits and risks of disclosure.

1. Encourage the client to disclose her/his status to their partner for the following reasons:
 - It will help the client to remain HIV negative by limiting partners and using condoms consistently and correctly for each act of sex.
 - It will encourage the client to avoid behaviors that put them at risk for HIV.
 - It will help a couple to remain mutually monogamous and/or use a condom correctly and consistently.
2. If a client’s test results are positive, encourage her/him to disclose this status to help them:
 - Get support from their spouse, family, and health center.
 - Better plan and make appropriate decisions about HIV care and support and family matters.

- Get early access to medicine and support that keeps them healthy and alive.
 - Save an HIV-negative partner's and unborn child's life by not infecting them.
 - Better negotiate condom use with their partner to prevent them from being infected.
 - Avoid exposure to repeated infections that will compromise their health.
3. If the client's test results are negative, remind them that they are still at risk.
 4. Tell the client that it is important to ensure her/his safety prior to disclosure. There is the possibility of abuse from the partner/family upon knowing that s/he is HIV positive.
 5. Discuss with client whether s/he feels safe disclosing her status. Offer to help her/him disclose their status to their partner in a safe environment when they are ready to do so.

Step 18. Give follow-up instructions, a condom brochure, and the brochure of the method chosen.

1. Summarize key points discussed about the contraceptive method chosen and STI/HIV. Ask the client whether s/he has questions. Answer all questions before proceeding.
2. Provide the client with follow-up instructions for the method chosen and the corresponding method brochure (if the client does not yet have one).
3. Give the client a brochure on condoms. Reiterate the fact that only condoms provide dual protection against both STIs, including HIV, and pregnancy.
4. Make sure the client has his/her method or back-up method/referral, as needed.

Step 19. Complete the counseling session. Invite the client to return at any time. Thank her/him for the visit. End the session.

1. If needed, give the client a follow-up appointment. The purpose of the appointment may be to:
 - Check on how the client is using the method.
 - Provide a new supply of the method.
 - Provide information and support needed for the client to continue using the method correctly and consistently.
 - Bring the partner for further counseling on family planning and/or STI/HIV.

- Have an HIV test.
2. Encourage the client to return to the health care facility any time s/he has a question or wishes to change methods.

Remember:

A client has the right to change her/his reproductive goals and to stop using a family planning method if s/he wishes or when s/he wants to have a child.

3. To the extent possible, anticipate the client's future needs.

For example:

Explain to a client using the Pill that, if it is more convenient for her, she can get her supplies at a local pharmacy. Remind her that the pharmacy may have the 21-pill pack instead of the 28-pill pack. In this case, she will need to follow the instructions for use in the pill pack's brochure or package insert.

4. As you end the session, remember to be warm and cordial. This attitude will encourage the client to feel welcome to return.

Guidelines for Adapting the Balanced Counseling Strategy Plus Job Aids

The BCS+ job aids are generic and can be revised based on a region's or country's needs and norms. Below are guidelines for adapting the job aids.

1. Conduct a technical review of family planning and HIV C & T norms and practices in your region or country. Below are some examples of the kinds of review that will help to give you appropriate information needed to adapt the BCS+ and BCS+ job aids to your needs.
 - a) Convene a meeting with representatives from the Ministry of Health and other experts on family planning and HIV C&T to review the BCS+. Determine whether it needs to be adapted to include your country's norms and policies on family planning and HIV C&T.
 - b) Ask service providers with experience in counseling clients on family planning and HIV C&T to review the BCS+ job aids for content.
 - c) If the job aids will accompany training, work with the trainers to define the desired competencies (skills) from the training to be incorporated into the job aid.
2. Decide whether there are regional or local issues that you would like to incorporate into the BCS+ strategy (e.g., accessibility of certain methods, vulnerability to HIV and STIs through early marriage, female genital mutilation/cutting, or practice of dry sex).
3. Based on the technical review and local norms of the country, revise the steps in the BCS+, as needed. If the BCS+ is revised, be sure to gather information to adjust the algorithm, counseling cards, and brochures accordingly.
4. Revise the BCS+ job aids based on the technical review. Below are simple guidelines for adapting the job aids:
 - a) Adhere to the existing format of the BCS+ job aids as much as possible. They are written using a very specific methodology that has been field-tested and proven to help providers effectively act on the instructions.
 - b) If adding/revising new steps to the algorithm, write the steps using action verbs. For example,
 - **Ask** the client whether she has had her monthly bleeding.
 - **Remind** the client to take the pill every day at the same time.
 - c) Include any sub-steps needed to perform the step. Do not assume that the provider knows how to perform the desired step or task. Begin each sub-step with an action verb.

For example:

Step:

Remind a client what to do if she misses taking the pill once.

Substeps:

- **Take** a pill as soon as possible.
- **Continue** taking pills as usual. (You may end up taking 2 pills at the same time or on the same day.)

d) If a service provider needs to make a decision as part of a step, make a decision table. A decision table has two columns. The first column (the “If” column) describes when to take action. The second column (the “Then” column) is used to describe what action to take. When writing the actions, use the cookbook instruction format of Step 1, Step 2, Step 3, etc. Begin all action steps with action verbs. For example:

If the client is:	Then:
Breastfeeding an infant less than 6 months old	1) Set aside the Combined Oral Contraceptives (the Pill) card and explain that the hormones in the pills affect breastfeeding. 2) Discuss the option of the minipill.
Not breastfeeding an infant	1) Set aside the LAM card. 2) Explain that LAM is not appropriate for women who are not breastfeeding.

e) If steps and sub-steps are sequential, number them. If the order of the steps is not important, use bullets instead of numbers.

Place information that is important, but not an actual step or sub-step, in a box.

5. Pretest (validate) the revised BCS+ job aids.

- a) Ask service providers experienced in family planning and HIV C&T to use the revised job aids as they counsel several family planning clients.
- b) Observe whether they follow the instructions in the job aids.
- c) Note any actions the provider does not take (and that were in the job aid). After the counseling session, ask the provider why s/he did not take the described action. Be sure to explore the following:
 - Whether s/he understood the step/task.
 - Whether s/he disagrees with the step/sub-step and why.
 - Whether the instructions were clear or confusing. If they were confusing, inquire how they could be made clearer.

- d) Similarly, note any actions that the health worker added to the counseling session that are not in the job aids.
 - e) Ask why s/he added any extra steps not in the job aid. It is possible that the service provider added a step for clarity. If so, please add the step to the job aid. The idea is to describe the desired behavior of the service provider so she/he can accurately use the revised BCS+.
 - f) Revise any instructions based on pretests with several service providers.
 - g) Add or delete any steps/tasks or steps/sub-steps to enable the provider to carry out the BCS+ most effectively.
6. Ask two to three less experienced service providers to use the revised BCS+ job aids and observe whether they were able to perform the tasks based on the instructions in the job aids.
 7. Revise the job aids accordingly. Take into consideration any additional input service providers give you on how to improve the instructions.
 8. If needed, translate revised job aids into the local language. Be sure to have another person reverse translate them to make sure the meaning has not changed in the translation process.
 9. Incorporate the use of the job aids into existing training, or develop a short course to show service providers how to use the job aids.

Important!

A job aid should always be accompanied by training support.



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