



## The Balanced Counseling Strategy Plus

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

# User's Guide

Second Edition



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**Note:** This publication is 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:

- ✓ *Algorithm*
- ✓ *Counseling cards*
- ✓ *Method brochures*
- ✓ *User's Guide*
- ✓ *Trainer's Guide*
- ✓ *WHO Medical Eligibility Criteria Wheel*

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## Preface to the Second Edition

*The Balanced Counseling Strategy Plus (BCS+)* was first published in English by the Population Council. The tool built upon the Balanced Counseling Strategy (BCS) developed by Federico León (León 1999; León et al. 2003a, b, c; León, Vernon, Martin, and Bruce 2008) and was adapted from the *Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers*, published in May 2008. It has been tested through operations research studies in Kenya and South Africa by the Population Council's USAID-funded Frontiers in Reproductive Health Program (FRONTIERS) Cooperative Agreement HRN-A-00-98-00012-00 , with additional funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through the USAID mission in each country.

In this second edition, authors have maintained the same basic format of all the toolkit's components, while revising and expanding some components and content. These revisions are based on updated new guidelines from the World Health Organization's Medical Eligibility Criteria for Contraceptive Methods (2010) as well as recommendations from authors and partners who have experienced and evaluated implementation of the tool in settings and scenarios around the world.

The updated BCS+ algorithm includes additional steps to support an integrated model of reproductive health service delivery, to accommodate the range of scenarios in which family planning clients and providers discuss STIs and HIV, and to facilitate integrated service delivery and counseling during postpartum, postnatal, and well-child services. BCS+ counseling cards and method brochures have been updated according to the most recent WHO guidelines. Updated User and Trainer's Guides incorporate these adjustments and ensure consistency and comprehensibility in training and implementation of this provider toolkit.



## Acknowledgments

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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 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. 2003a, b, c). 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 (HCT). The resulting Balanced Counseling Strategy Plus (BCS+) toolkit improves the quality of the family planning service and enables 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 in the same venue and through the same provider. Referrals to, or linkages with, 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 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 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 HCT 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 HCT increased substantially. In Kenya, more than 40 percent of clients were offered HCT 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 additional service and counseling needs of clients. In addition to adding further guidance on other integrated services, the second edition has incorporated an additional job aid, the World Health Organization's Medical Eligibility Criteria Wheel, to complement existing provider tools and facilitate comprehensive family planning service provision. Below is a list of the toolkit components:

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 for the implementation of 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 systematic screening for other services. 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 10 to 12 in this document as well as separately with the other job aids in the toolkit.

- **Counseling cards** that the provider uses during a counseling session. There are 26 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 16 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. 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 the choice to reach a final decision. Nine counseling cards provide information on additional counseling and services that a family planning client may need. These include: healthy timing and spacing of pregnancies; healthy postpartum period for the mother; promoting newborn and infant health; STI/HIV transmission and prevention; STI/HIV risk assessment; dual protection; HIV counseling and testing; positive health, dignity, and prevention; and cervical cancer screening. These cards are used during the fourth stage of the consultation—systematic screening for other services.
  - **Method brochures** on each of the 16 contraceptive methods. They are designed to help the client better understand the method chosen. The provider gives the client the brochure for 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 can review the brochure with them again.
  - **WHO Medical Eligibility Criteria (MEC) Wheel** is a provider job aid based on the four eligibility categories for contraceptive use in relation to medical conditions described in the document *Medical Eligibility Criteria for contraceptive use*, Fourth edition, published by Department of Reproductive Health, World Health Organization. This tool guides providers through medical conditions and medications that may be contraindications to use of particular contraceptive methods. The job aid has been field-tested in three countries by WHO, and is found to be very useful to providers who use it.
3. **BCS+ Trainer's Guide** that supervisor and others can use to train providers on how to use the BCS+. The guide includes exercises and activities to increase participants' comprehension and proper utilization of the BCS+ toolkit.

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 2010a), *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. Electronic copies of the BCS+ materials are available so that the job aids and instructional guides can be easily printed or 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 and WHO MEC Wheel 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. Use the counseling cards to discuss additional reproductive health services that a family planning client may need during and after clients have selected a contraceptive method. These include counseling on healthy timing and spacing of pregnancy, postpartum health for the mother and infant, cervical cancer screening, STI/HIV transmission and prevention, conducting a risk assessment, defining dual protection, discussing and offering HIV counseling and testing.
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 BCS+ job aids, *BCS+ User's Guide*, and *BCS+ Trainer's Guide* are available as electronic files. 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 additional counseling and services in the same facility or through referral. The BCS+ integrates postpartum counseling messages to ensure health of the mother and the infant, an opportunity to discuss healthy timing and spacing of pregnancies, as well as counseling on STI/HIV transmission and prevention. Information on the cards instructs providers through conducting an STI/HIV risk assessment, discussing dual protection and positive health, and discussing and offering the client HIV counseling and testing. The BCS+ process can be summarized as a decision-making algorithm, which is described on the next three 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 will be addressed depending on her/his individual circumstance. The provider reviews the client's fertility intentions and counsels her/him on healthy timing and spacing of pregnancy. Pregnancy is ruled out using the counseling card with the checklist of questions. If the client is not pregnant, the provider displays all the method cards and asks 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 13 to 19 to discuss other relevant services the client may need. 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 her/his partner(s) in decisions about contraception, either through discussion or visit to the clinic.
- **Systematic Screening for Other Services Stage:** During this stage, the provider uses information collected previously and targeted questions to

determine additional health services and counseling that the family planning client may need. Using the remaining counseling cards, the provider may review important information for a postpartum mother or infant; may refer him/her to well-child services; discuss and offer cervical screening tests; discuss STI/HIV transmission and prevention; conduct a risk assessment; discuss dual protection and positive health; and offer the client HIV counseling and testing. The provider offers HIV testing to client, following national protocols, and encourages the client to disclose her/his STI/HIV status to her/his partner(s), letting the client know both the benefits and risks of disclosure. Upon completion of the counseling session, the provider gives follow-up instructions on the chosen contraceptive method, the method brochure, and a condom brochure. The provider and client also fix a date for a follow-up visit.

# Algorithm for Using the Balanced Counseling Strategy Plus

## Second Edition

### Pre-Choice Stage

1. Establish and maintain a warm, cordial relationship.
2. Inform client that there will be an opportunity to address other health needs after family planning needs are addressed.
3. Ask client about current family size, desire to have more children, and current contraceptive practices. Counsel the client on Healthy Timing and Spacing of Pregnancy using counseling card.
  - a) If client is currently using a family planning method, ask about her/his satisfaction with it and interest in continuing or changing the method.
4. Rule out pregnancy using the checklist to be reasonably sure a woman is not pregnant

1. Did you have a baby less than 6 months ago? If so, are you fully breastfeeding? Have you had no menstrual bleeding since giving birth?	<p>If “Yes” to <b>any</b> of these questions, <b>and</b> client is free of signs and symptoms of pregnancy,</p> <p>1. Pregnancy is unlikely.</p> <p>2. Continue to <b>Step 5</b></p>	<p>If “No” to <b>all</b> of the questions,</p> <ol style="list-style-type: none"> <li>1. Pregnancy cannot be ruled out.</li> <li>2. Give client pregnancy test if available, or refer her to an antenatal clinic.</li> <li>3. Ask her to return when she has her menstrual bleeding.</li> <li>4. Provide her with a back-up method, such as condoms, to use until then.</li> <li>5. Go to <b>Step 13</b></li> </ol>
2. Have you abstained from unprotected sex since your last menstrual bleeding or delivery?		
3. Have you given birth in the last 4 weeks?		
4. Did your last menstrual bleeding start within the past 7 days (or within 12 days if you plan to use an IUD)?		
5. Have you had a miscarriage or abortion in the past 7 days?		
6. Have you been using a reliable contraceptive method consistently and correctly?		

5. **Display all of the method cards. Ask client if she/he wants a particular method.**
6. **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) Have you given birth in the last 48 hours?**

If “Yes,” set aside combined oral contraceptives (the Pill), combined injectables, implants, and tubal ligation.

If “No,” continue with next question

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

If “Yes,” set aside the combined oral contraceptives (the Pill) and combined injectable cards. Explain why.

If “No,” or she has begun her monthly bleeding again, set aside the lactational amenorrhea (LAM) card. Explain why.

**d) Does your partner support you in family planning?**

If “Yes,” continue with the next question.

If “No,” set aside the following cards: female condom, male condom, Standard

Days Method©, TwoDay Method© and withdrawal. Explain why.

**e) Do you have any medical conditions? Are you taking any medications?**

If “Yes,” ask further about which conditions or medications. Refer to WHO Medical Eligibility Criteria Wheel or current national guidelines and set aside all contraindicated method cards. Explain why.

If “No,” keep all the cards and continue.

**f) 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**

7. **Briefly review 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), briefly review the attributes on each method card.
8. **Ask the client to choose the method that is most convenient for her/him.**
9. **Using the method-specific brochure, check whether the client has any condition for which the method is not advised.**
  - a) Review “Method not advised if you...” section in the brochure.
  - b) If the method is not advisable, ask the client to select another method from the cards that remain.

**Repeat the process from Step 8.**

## Post-Choice Stage

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

## Systematic Screening for Other Services Stage

13. Using information collected previously, determine client's need for postpartum, newborn, and infant care or well-child services.
  - a) If client reported giving birth recently, review the Promoting Healthy Postpartum Period card and Promoting Newborn and Infant Health card with client. Provide or refer for services, if needed.
  - b) For clients with children less than 5 years of age, ask if the children have been taken to well-child services. Provide or refer for immunizations and growth monitoring services, if needed.
14. Ask client when she had her last screening for cervical cancer (VIA/VILI or pap smear).
  - a) If her last screening was more than 3 years ago or she doesn't know, ask if she would like to have a screening today. Provide or refer for services.
  - b) If her last screening was less than 3 years ago, continue with next question.
15. Discuss STI/HIV transmission & prevention and dual protection with the client using the counseling cards. Explain that condoms should always be used to prevent STI and HIV transmission. Offer male or female condoms and instruct her/him in correct and consistent use.
16. Conduct STI and HIV risk assessment using the counseling card. If symptoms are identified, treat her/him syndromically.
17. Ask client whether she/he knows her/his HIV status.
  - a) If client knows she/he is living with HIV,
    - Review Positive Health, Dignity, & Prevention counseling card with client.
    - Refer client to center for wellness care and treatment.
  - b) If client knows s/he is HIV negative,
    - Discuss a timeframe for repeat testing.
  - c) If client does not know her/his status,
    - Discuss HIV Counseling and Testing (HCT) with client, using counseling card.
    - Offer or initiate testing with client, according to national protocols.
    - Counsel client on the test results. If client is living with HIV, review

Positive Health, Dignity, & Prevention counseling card and refer client to center for wellness care and treatment.

18. **Give follow-up instructions, a condom brochure, and the brochure for the method chosen.**  
Set a date for next visit.
19. **Thank her/him for the visit. Complete the counseling 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.**

- 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.

### **Step 2. Inform client that there will be an opportunity to address other health needs after family planning needs are addressed.**

- Inform client of other services available at your facility or available through referral.
- Inquire and take note of other services she/he may be interested in receiving.
- Ask whether the client would like a family planning method.

### **Step 3. Ask client about current family size, desire to have more children, and current contraceptive practices. Counsel the client on Healthy Timing and Spacing of Pregnancy using counseling card.**

- Ask client how many children she/he has.
- Ask client how many children she/he and her (his) partner wants.
- Ask about client's current use of contraception.
- If client is currently using contraception, ask about her/his satisfaction with it, and interest in continuing or changing the method.
- Using the counseling card, explain the following points with the client:

For women who desire to have more children after a live birth, advise	<ul style="list-style-type: none"> <li>▪ For the health of the mother and her baby, wait at least 2 years (24 months) but not more than 5 years before trying to become pregnant again.</li> <li>▪ Use of a family planning method of her choice allows her to plan for a healthy pregnancy.</li> </ul>
For women who decide to have a child after a miscarriage or abortion, advise	<ul style="list-style-type: none"> <li>▪ For the health of the mother and her baby, wait at least 6 months before trying to become pregnant again.</li> <li>▪ Use of a family planning method of her choice allows her to plan for a healthy pregnancy.</li> </ul>
For adolescents, advise	<ul style="list-style-type: none"> <li>▪ For the health of the mother and her baby, wait until at least 18 years of age before trying to become pregnant.</li> <li>▪ If she is sexually active, use of a family planning method of her choice allows her to prevent unintended pregnancy.</li> </ul>

#### Step 4. 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 <b>Step 5</b> .
“No” to <u>all</u> of the questions	1) Pregnancy cannot be ruled out. 2) Give client 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 Step 13

#### Step 5. Display all of the method cards. Ask client if she/he wants a particular method.

1. Display all the 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 <b>Step 6</b> .
Says “Yes”	1) Ask which method she/he wants 2) Ask what the client knows about the method. 3) If the information is correct, go to <b>Step 9</b> .
Gives incomplete information about the method s/he has chosen  - Or -  Does not know other alternatives that might be more convenient	1) Correct any misinformation. 2) If necessary, go to <b>Step 6</b> to help the client choose a method.

**Figure 1. Balanced Counseling Strategy Plus method cards**



**Step 6. Ask all of the following questions. Set aside method cards based on the client’s responses.**

- 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.”
- Ask the 6 questions below. Based on the client’s responses, set aside the method cards that do not suit her/his needs.

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

<b>If:</b>	<b>Do this:</b>
“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) Have you given birth in the last 48 hours?

<b>If:</b>	<b>Do this:</b>
“Yes”	1) Set aside combined oral contraceptives (the Pill), monthly injectable, implants, and tubal ligation cards. 2) Explain that combined hormonal methods and tubal ligation are not safe for women to use immediately after giving birth
“No”	Keep all cards and continue.

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

<b>If:</b>	<b>Do this:</b>
“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 not breastfeeding or are having menstrual bleeding again.

d) Does your partner support you in family planning?

<b>If:</b>	<b>Do this:</b>
“Yes”	Continue with the next question.
“No”	1) Set aside female condom, male condom, Standard Days Method®, TwoDay® Method, and withdrawal cards. 2) Explain that these methods require partner cooperation.

1. Invite the client to bring her/his partner to a counseling session to discuss family planning with a provider.
2. Point out that male and female condoms should always be used to protect against STIs, including HIV.
3. Continue with the next question.

e) Do you have any medical conditions? Are you taking any medications?

If:	Do this:
"Yes"	<ol style="list-style-type: none"> <li>1) Ask further about which conditions the client has or medications she/he is taking.</li> <li>2) Refer to the WHO Medical Eligibility Criteria Wheel (included), or current national guidelines, to identify contraindicated methods.</li> <li>3) Set aside all contraindicated method cards.</li> <li>4) Explain to client the reason for setting aside method cards, according to information provided in guidelines.</li> </ol>
"No"	Continue with next question.

**Note:**

The Medical Eligibility Criteria Wheel is a provider job aide guiding providers through client's eligibility for contraceptive use according to medical conditions the client may have. The wheel includes two discs stacked upon one another; the outer disc lists medical conditions around its outside and the inner disc identifies eligibility for particular methods. By rotating and lining up the two discs according to a particular condition, the provider can interpret the appropriateness of the desired method according to four eligibility categories (1 through 4). Further instruction on the MEC Wheel is available on its reverse side.

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

If:	Do this:
"Yes"	<ol style="list-style-type: none"> <li>1) Ask which methods s/he has used and her/his experience with each.</li> <li>2) Set aside the cards for the methods the client does <u>not</u> want.</li> </ol>
"No"	Keep the rest of the cards.
The client has eliminated a method because of rumors or false information.	<ol style="list-style-type: none"> <li>1) Provide the correct information.</li> <li>2) Do <u>not</u> set aside the card for that method.</li> </ol>

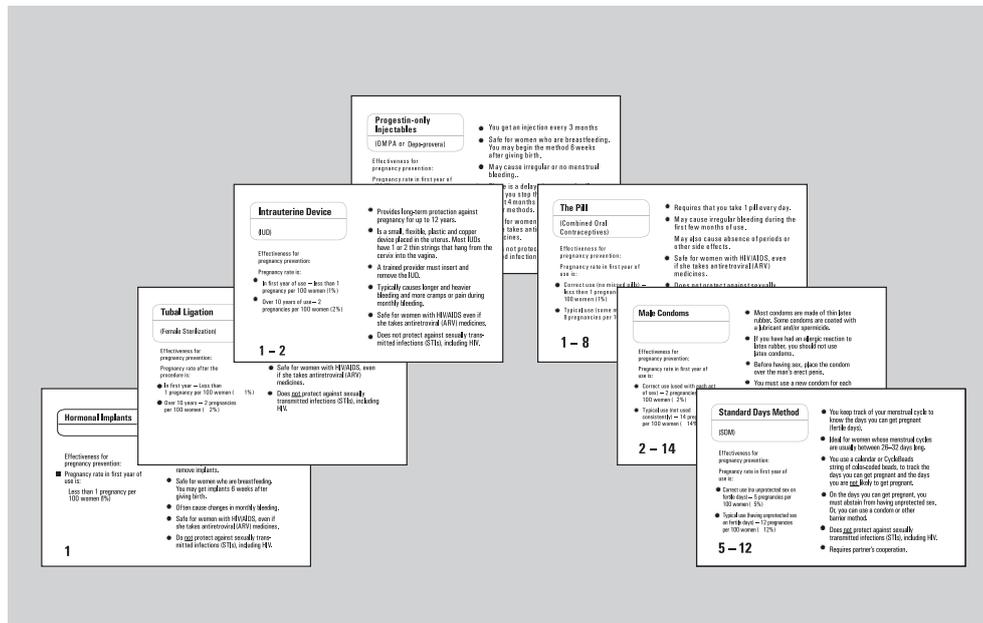
3. If certain methods, such as the IUD, implants, tubal ligation, or vasectomy, are never offered at your health care facility, still talk to the client about these methods, and provide a referral to another facility if selected.

# Method Choice Stage

## Step 7. Briefly review 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.

**Figure 2. Method cards arranged according to effectiveness**



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

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

**Tubal Ligation**

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Female Sterilization

**Effectiveness for pregnancy prevention:**

Pregnancy rate after the procedure is:

- In first year — less than 1 pregnancy per 100 women (1%)
- Over 10 years — 2 pregnancies per 100 women (2%)

- Permanent method for women who do not want more children.
- Involves a surgical procedure. There are both benefits and certain risks involved in the procedure.
- Protects against pregnancy right away.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.

1 – 2

**TwoDay Method®**

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**Effectiveness for pregnancy prevention:**

Pregnancy rate in first year of use is:

- Correct use (no unprotected sex on fertile days) — 4 pregnancies per 100 women (4%)
- Typical use — 14 pregnancies per 100 women (14%)

- Ideal for women who have healthy cervical secretions.
- Healthy secretions do not have a foul smell or cause itchiness or pain.
- You have to monitor your cervical secretions each day. This helps you know the days when you can get pregnant (fertile days).
- On days you can get pregnant, you must abstain from unprotected sex or you can use a condom or other barrier method.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Requires partner's cooperation.

4 – 14

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 (HPV).

**Step 8. 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 the methods 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 13**.

**Step 9. Using the method-specific brochure, check 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 Pill:**

Method not advised if you:

- Are breastfeeding an infant less than 6 months old.
- Smoke cigarettes and are 35 years old or older.
- Have high blood pressure, 140/90 or higher.
- Have certain uncommon serious diseases of the heart or blood vessels. Discuss with your provider.
- Have severe liver conditions.
- Have blood clots, deep vein thrombosis, or pulmonary embolism, or are on anticoagulant therapy. Discuss with your provider.
- Have lupus.
- Have gall bladder disease, even if medically-treated. Discuss with your provider.
- Have breast cancer or a history of breast cancer.
- Have migraine headaches (a severe headache that does not go away with paracetamol) and are 35 years old or older.
- Have migraine aura (sometimes seeing a growing bright spot in one eye)
- Take medicine for seizures or take rifampicin.

Take ritonavir-boosted protease inhibitors as part of HAART.

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

<b>If the client:</b>	<b>Do this:</b>
Has no conditions	Go to <b>Step 10</b> .
Has any condition	1) Explain the need to choose another method. 2) Return to <b>Step 7</b> .
Has any condition and reached this step from <b>Step 5</b> (already had the method in mind)	1) Explain the need to choose another method. 2) Return to <b>Step 6</b> .

## Post-Choice Stage

### **Step 10. Discuss the method chosen with the client, using the method brochure as a counseling tool. Determine client's comprehension and reinforce key information**

1. 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.”
2. 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
3. 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.
4. 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.
5. 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?
6. 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.)
7. If the client selects a method not available on site, then:
  - a) Still give client the brochure for 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.

8. If the client selects a method that is temporarily unavailable (out of stock), then:
  - a) Give the client a brochure for 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 11. 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 definite. Make sure s/he is happy with the choice of method.

If the client is:	Do this:
Happy with the method chosen	<ol style="list-style-type: none"> <li>1) Give her/him the method and brochure.</li> <li>2) If IUD, implant, tubal ligation, or vasectomy is chosen and not available on site, give a referral for the procedure, if needed.</li> <li>3) If the client cannot immediately use the chosen method, provide a back-up method (e.g., condoms). Give the BCS+ brochure on condoms.</li> <li>4) Suggest that s/he may also abstain from sex until s/he obtains the method of choice.</li> </ol>
Not happy with the method chosen and wishes to consider other options	<ol style="list-style-type: none"> <li>1) Assure the client that it is fine to change her/his mind. The client has a right to informed choice.</li> <li>2) Return to Step 7.</li> </ol>

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 12. 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 contraceptive method with her/his partner.
2. Mention that this can help in the following manner:
  - Your 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, regardless of whether you are HIV positive or negative.
- You can discuss and help prevent mother to child transmission (PMTCT) of HIV during pregnancy.
- Your partner can support you if you need wellness and HIV services, including antiretroviral therapy.

## Systematic Screening for Other Services Stage

Use the eight (8) counseling cards to discuss additional information and provide additional counseling and services that the client may need.

### **Step 13. Using information collected previously, determine client’s need for postpartum, newborn, and infant care or well-child services.**

1. Consider information that the client has provided previously during the counseling session, including her responses to questions in Step 3 and Step 4.
2. If information was not revealed through previous questions, ask client the following two questions:
  - Have you given birth recently?
  - Do you have any children less than 5 years of age?
3. Use this information to determine whether the client needs additional information and counseling on postpartum, newborn, and infant care or a referral for well-child services.

<b>If the client has:</b>	<b>Do this:</b>
Given birth recently	1) Review Promoting a Healthy Postpartum Period for the Mother counseling card with client. 2) Review Newborn and Infant Health counseling card with client.
Children less than 5 years of age	1) Ask if children have been taken to well-child services. 2) Ask if children have received all immunizations. 3) Ask if children have had their height and weight monitored. 4) Refer to well-child services if needed.

4. If client has given birth recently (within the past 6 weeks), review the points below from the Promoting a Healthy Postpartum Period counseling card and provide instructed counseling and services.
  - Ensure that the mother has support for the first few days after birth; encourage rest and sleep.
  - Recommend a nutritious diet for the mother that includes plenty of fluids and micronutrients (including Vitamin A and iron).

- Discuss normal postpartum bleeding and lochia. Counsel on maternal danger signs, such as bleeding or vaginal discharge that has a foul smell.
  - Discuss the need for four postnatal care visits: at 24-48 hours, 3 to 7 days, 4 to 6 weeks, and 4 to 6 months.
  - Advise on maintaining personal hygiene, including care of perineum and breasts.
  - Counsel on return to sexual activity, which should be whenever the mother feels ready and usually after lochia stops. Advise that she can become pregnant again even before her menses returns, if she is not using contraceptives.
  - Counsel on postnatal depression, which may entail: crying easily; feeling tired, agitated, or irritable; lacking motivation; having difficulty sleeping; rejecting the baby.
5. If the client has given birth recently, review the points below from the Promoting Newborn and Infant Health counseling card and provide instructed counseling and services:
- Discuss careful hand washing to prevent infection prior to handling the baby and after changing diapers.
  - Counsel the mother on newborn danger signs and when to seek care immediately. Danger signs include: difficulty feeding and/or breathing; feeling too hot or too cold; being irritable for extended period of time.
  - Discuss the importance of providing good ventilation and keeping the baby warm.
  - Encourage exclusive breastfeeding for 6 months. Nothing else is necessary, not even water. Introduce complementary foods at 6 months and continue to breastfeed.
  - For infants exposed to HIV:
    - Advise mother to give infant anti-retroviral drugs (ARVs) daily while breastfeeding and continue for one week after cessation of breastfeeding (around one year) and advise mother to continue ARV per national protocols.
    - Recommend that HIV-exposed infants be tested for HIV at 6 weeks and start co-trimoxazole prophylaxis (CTX).
    - Link mother and infant to HIV clinic.
  - Explain immunization schedule for infants using national or global guidelines, and include recommendation for Vitamin A at 6 months.
  - Discuss the need to attend child-welfare clinic and the importance of receiving timely care and monitoring during the first five years of a child's life. The following services may be included in well-child services:
    - Immunizations
    - Growth monitoring
    - Infant feeding support
    - Vitamin A provision at 6 months
    - Sick child services (including Integrated Management of Childhood Illnesses (IMCI))
6. If not able counsel or provide services, refer her/him to the appropriate facility to receive this information and counseling.

**Step 14. Ask client when she had her last screening for cervical cancer (VIA/VILI or pap smear).**

1. Briefly inform the client about cervical cancer. Explain that cervical cancer:
  - Results from uncontrolled, untreated growth of abnormal cells in the cervix.
  - Is caused by a sexually-transmitted infection, the human papillomavirus (HPV).
  - Takes 10 to 20 years to develop, so there is a long period of opportunity to detect and treat changes and growths before they cause cancer.
2. Explain to the client that screening for cervical cancer:
  - Helps to detect any changes and precancerous growths before they become cancer.
  - Is simple, quick, and generally not painful.
3. Ask client when she had her last screening for cervical cancer.

<b>If the client:</b>	<b>Do this:</b>
Had her last screening more than 3 years ago*  – Or – Does not know when her last screening was	Provide Pap smear or VIA/VILI screening test. – Or – Refer for Pap smear or VIA/VILI screening test at appropriate facility when test available.
Had her last screening less than 3 years ago	Advise client when to seek next screening

\* If client is HIV positive then ask if her screening was more than 6 months to one year ago (according to National Guidelines)

**Step 15. Discuss STI/HIV transmission & prevention and dual protection with the client using the counseling card. Offer condoms and instruct her/him in correct and consistent use.**

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 STI/HIV.
  - A person can become infected with STIs, including HIV, through unsafe or unprotected sexual activity.
  - STIs are common.
  - A person living with STIs (including HIV) may have no symptoms, may look healthy, and may not be aware that s/he is infected.
  - Common STI symptoms include vaginal discharge, discharge from the penis, sores in the genital area, burning on urination for men, lower abdominal pain for women.
  - Some STIs can be treated. To avoid re-infection, both partners must be treated.
  - Risk of infection can be reduced by using a male or female condom, limiting the number of sex partners, and delaying sex (adolescents).
  - HIV is a sexually transmitted infection. HIV is transmitted through an

exchange of bodily fluids such as semen, blood, breast milk, and during delivery.

- Knowing your HIV status protects you, your partner, and your family.
  - Although HIV cannot be cured, early identification and treatment can allow a person to live a long, productive life and prevent his/her partner from becoming infected.
  - Male circumcision reduces the risk of heterosexually acquired HIV infection in men by approximately 60% and should be one element of a comprehensive HIV-prevention package.
  - Maternal transmission of HIV to the child can be substantially reduced by identifying women living with HIV and providing treatment or prophylactic ARV medicines during pregnancy.
3. Ask whether the client has any questions.
  4. Explain to the client that dual protection is the simultaneous prevention of STIs and pregnancy.
  5. Using the counseling card, review dual protection strategies with the client:
    - Dual protection is the use of condoms consistently and correctly in combination with another family planning method. This provides added protection against pregnancy in case of condom failure.
    - Use a male or female condom correctly and consistently with every act of sex. This one method protects against STIs and pregnancy.
    - Engage only in safer sexual intimacy that prevents semen and vaginal fluids from coming in contact with each other's genitals or other vulnerable areas, such as the mouth and anus.
    - Delay or avoid sexual activity, especially with a partner whose STI/HIV status is not known.
  6. Ask whether the client has any questions.
  7. Offer condoms. Ask whether the client knows how to use a condom.
  8. Demonstrate use of the condom, if required. Ask the client to do a repeat demonstration.
  9. Provide information about where the client can obtain condoms.

**Step 16. Conduct STI and HIV risk assessment using the counseling card. If symptoms are identified, treat her/him syndromically.**

1. Ask whether the client knows what puts her/his 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:
  - HIV status and HIV status of partner(s). If partner is positive, whether s/he is taking ARV medicines.
  - Number of sexual partners, both current and in the past.
  - Knowledge of partner's sexual practices and past partners.
  - Knowledge of male partner's circumcision status.

- Past and present condom use (including perception of partner's attitude) and whether s/he is aware that condoms protect against both STIs/HIV and pregnancy.
  - Type of sex or sexual activities and behaviors (for example, mutual monogamy, whether partner has other sexual partners, oral sex, anal sex, dry sex, or use of detergents and/or spermicides).
  - Home-life situation (for example, partner violence and social support).
  - Use of 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. 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 her/his 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 17. Ask client whether she/he knows her/his HIV status.**

1. Ask client whether s/he knows her/his HIV status.
2. Gently inquire whether the client is willing to tell you her/his status
3. Inform the client that you will not share her/his status without consent.

<b>If the client:</b>	<b>Do this:</b>
Knows HIV status and is living with HIV	1) Review Positive Health, Dignity, & Prevention counseling card with client. 2) Ask when the client last attended a health facility for her/his monitoring visit. 3) Refer client to center for wellness care and treatment, if necessary.
Knows HIV status and is negative	1) Discuss timeframe for repeat testing.
Does not know her/his status	1) Discuss HIV Counseling and Testing (HCT) with client, using counseling card. 2) Offer or initiate HIV testing, according to national protocols. 3) Counsel client on the test results. 4) If client is living with HIV, review Positive Health, Dignity, & Prevention counseling card and refer client to center for wellness care and treatment.

### **If client knows her/his HIV status and is living with HIV:**

- a. Review the following points from the Positive Health, Dignity, & Prevention card with client:
  - People living with HIV should always use a condom correctly and consistently with their sexual partners.
  - If a woman with HIV wants to get pregnant, the risk of her passing HIV to her newborn may be greatly reduced by taking antiretroviral (ARV) medicines and having a safe delivery. It is important to receive care at an antenatal care clinic and an HIV treatment center.
  - People living with HIV need regular health checkups to see if they need ARV medicine, to evaluate how they are doing on ARV medicines, and to rule out other infections or illnesses.
  - If client is taking ARV medicine, s/he should attend follow-up clinic visits as recommended by the provider. Visits may be more frequent when ARV medicines are initiated.
  - The client should do her/his best to adhere to the medication regimen prescribed and should not share medications.
  - Partners should get tested as well. The client can bring her/his partner in for counseling, to talk together, if this will help.
  - If currently taking medications for tuberculosis, s/he should follow up with provider.
  - Positive health results from taking care of oneself and being alert to health concerns that warrant attention, which may include physical and mental health issues as well as social support.
- b. Provide support and counseling to client on issues around disclosure of HIV status. Encourage client to disclose her/his status to help them:
  - Get support from client's 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 client healthy.
  - Save an HIV-negative partner's and unborn child's life by not infecting them.
  - Better negotiate condom use with client partner to prevent them her/his being infected.
  - Avoid exposure to repeated infections that will compromise client's health.
- c. Ask when the client last attended a health facility for her/his monitoring visit. Encourage client to follow all health and wellness recommendations.
- d. Refer client to center for wellness care and treatment.

### **If client knows her/his status and is negative:**

- a. Discuss timeframe for HIV retesting. Consider client's and risk assessment and sexual behaviors to decide the most appropriate frequency for HIV testing.
- b. Refer to national guidelines and protocol to determine the appropriate timeframe and recommendations for HIV retesting.
- c. Emphasize to the client that prevention, early detection, and prompt management of STIs, including HIV, are beneficial to her/him, their partner and family, and the community at large.

### **If client does not know her/his HIV status:**

- a. Using the HIV Counseling and Testing 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).
  - Testing permits people living with HIV to seek treatment so that they can live a full life. The test involves taking a small sample of blood. The test is free and available at clinics, hospitals, and HIV counseling and testing sites.
  - Test results are kept confidential.
  - When a person is first infected with HIV, it can take 3 or more months for the test to detect the infection. This is called the “window period” and is the reason why repeat testing is important.
  - A positive test result means the person is infected with HIV and can transmit the virus to others.
  - A negative test result can mean the person is not infected or that s/he is in the “window period”. Another test should be taken within 3 months. If the second test is still negative, the person is currently not living with HIV but can still become infected with HIV.
  - HIV is a sexually transmitted infection (STI). It is important to ask your sexual partner(s) to be tested too.
- b. Emphasize to the client that prevention, early detection, and prompt management of STIs, including HIV, are beneficial to her/him, their partner and family, and the community at large.

**Note:** In 2007, WHO and UNAIDS issued guidance on provider-initiated HIV testing and counseling (PITC) in health facilities to support increased uptake and improve access to HIV prevention, treatment and care. In order to increase uptake and improve access to HIV prevention, HIV counseling and testing (HTC) should be expanded in antenatal care, STI and TB clinics, and other clinical settings as well as through outreach for most at risk populations.

- c. Offer or initiate HIV testing, according to national protocols. If testing is not available, refer client to specialized HTC services.
- d. Counsel client on results of HIV test.
- d. If test is positive, review Positive Health, Dignity, & Prevention counseling card and refer client to center for wellness care and treatment.

### **Step 18. Give follow-up instructions, a condom brochure, and the brochure for the method chosen. Set a date for next visit.**

1. Summarize key points discussed about the contraceptive method chosen and about STI/HIV and other services. 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.
5. Reiterate the importance of seeking other recommended services and provide a proper referral to the client.
6. Fix a date for the next visit with the client. 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, or to select another method.
  - Bring the partner for further counseling on family planning and/or STI/HIV.
  - Have an HIV test.
7. Encourage the client to return to the 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.

8. 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.

**Step 19. Thank her/him for the visit. Complete the counseling session.**

1. 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 HCT 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 HCT to review the BCS+. Determine whether it needs to be adapted to include your country's norms and policies on family planning, integrated health services, and HCT.
  - b) Ask service providers with experience in counseling clients on family planning and HIV CT 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 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.
  - 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:

**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.)

If the client is:	Then:
Breastfeeding an infant less than 6 months old	1) <b>Set</b> aside the Combined Oral Contraceptives (the Pill) card and explain that the hormones in the pills affect breastfeeding. 2) <b>Discuss</b> the option of the minipill.
Not breastfeeding an infant	1) <b>Set</b> aside the LAM card. 2) <b>Explain</b> 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 HCT 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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