Balanced Counseling Strategy Plus (BCS+) Summary

Pre-Choice Stage

The Pre-Choice Stage includes Steps 1-6. During this stage, the provider creates the conditions that help a client select a family planning (FP) method. The provider greets the client and emphasizes that, during the visit, other RH issues will be addressed depending on her/his circumstance. The provider reviews the client's fertility intentions (plans for whether she wants to become pregnant again) and counsels on healthy timing and spacing of pregnancy (HTSP). Pregnancy is ruled out using the counseling card with the checklist of questions (Step 4). 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. If pregnancy cannot be ruled out, provider skips to steps 13 to 19 to discuss other relevant services. Client is given a back-up method and asked to return when she has her menstruation.

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
    - ? Ask participants whether there are other actions that are good for establishing a warm and cordial relationship. (Note: Write responses on flipchart.)

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 family planning, 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: 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. Use of a family planning method of her choice allows her to plan for a healthy pregnancy.
  - For women who decide to have a child after a miscarriage or abortion, advise: For the health of the mother and her baby, wait at least 6 months before trying to become pregnant again. Use of a family planning method of her choice allows her to plan for a healthy pregnancy.
  - For adolescents, advise: For the health of the mother and her baby, wait until at least 18 years of age before trying to become pregnant. If she is sexually active, use of a family planning method of her choice allows her to prevent unintended pregnancy.

Step 4: Rule out pregnancy using the pregnancy checklist card.

Pregnancy is a contraindication for the use of most FP 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 following questions which are 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 IUD)?
- ? Have you had a miscarriage or abortion in the last 7 days?
- ? Have you been using a reliable contraceptive method consistently and correctly?

If a client answers the questions as follows:

If client answer **"Yes"** to any of the questions and is free of signs and symptoms of pregnancy,

- Pregnancy is unlikely;
- Display all of the method cards (COC, POP, SDM, DMPA, female condoms, male condoms).
- Determine whether the client wants a particular method from group of cards

If client answer **"No"** to all of the questions,

- Pregnancy cannot be ruled out.
- Give client a pregnancy test, if available, or refer her to an antenatal clinic.
- Suggest that she should return when she has her next menstrual bleeding.
- Provide her with a back-up method, such as condoms, to use until then.

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

- Display all the method cards on a desk or table, grouped by method type and effectiveness (permanent and long-acting, short-acting, and fertility awareness,).
- Each card has information about a different family planning method.
- ? Ask whether the client has a particular method in mind.
- ?

If the client says **"No"** continue to Step 6 to discuss the different methods.

If the client says **"Yes"**

- ? Ask which method she/he wants?
- ? Ask what the client knows about the method?

If the information is correct

- ? Ask if she would like to hear about any other methods? If not go to Step 9 to check whether the client has any conditions for which the method is not advised?

If the client gives incomplete information about the method s/he has chosen - Or - Does not know other alternatives that might be more convenient

- Correct any misinformation.
- If necessary, go to Step 6 to help the client choose a method.

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

- Using the method cards, begin by saying something like, "Now we are going to talk about your FP needs. We will choose from the methods that might be best for you. Then, I will discuss the important information about 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?

1. **"Do you wish to have children in the future?"**

If the client says "**Yes**"

- Set aside the vasectomy and tubal ligation cards. Explain that sterilization is permanent and not the right method for someone who might want to have another child.

If the client says "**No"**

- Keep the permanent method cards (tubal ligation and vasectomy) ant the long-acting method cards (IUD and implant) then continue.

2. **"Have you given birth in the last 48 hours?"**

If the client says "**Yes**"

- Set aside COCs and tubal ligation are not safe for women to use immediately after giving birth.

If the client says **"No"**

- Keep all cards and continue.

3. **"Are you breastfeeding an infant less than 6 months old?"**

• If the client says "**Yes"**

- Set aside the COC card. Explain that the hormones in COCs affect breastfeeding.

• If the client says "**No"** or the woman has started monthly bleeding again.

- Set aside the Lactational Amenorrhea Method (LAM) card. Explain that LAM is not suitable for women who are not breastfeeding or are having menstrual bleeding again.

? Ask whether there are any questions so far?

4. "Does your partner support you in family planning?"

• If the client says "**Yes"**
- Continue with the next question.

• If the client says "**No"**
- Set aside female condom, male condom, Standard Days Method®, and withdrawal cards. Explain that these methods require partner cooperation.
- Invite the client to bring her/his partner to a counseling session to discuss family planning with a provider. Point out that male and female condoms should always be used to protect against STIs, including HIV, and also require partner cooperation

5. "Do you have any medical conditions? Are you taking any medications?"

• Use the WHO Medical Eligibility Criteria Wheel of a chart on medical eligibility, which can be found in "Family Planning a Global Handbook for Providers" to determine contraceptive methods that are contraindicated according to a condition the client has or a medication the client is taking. Follow instructions in below.

? Ask whether the client has any of the medical conditions or medications contraindicated?

• If the client says "**Yes**" to any of the conditions.
- Discuss further about which medical conditions the client has or medications she/he is taking.
- Set aside all contraindicated method cards.
- Explain to client the reason for setting aside method cards, according to information provided in guidelines.

• If the client says "**No**"
- Continue with the next question

6. "Are there any methods that you do not want to use or have not tolerated in the past?"

• If the client says "**Yes**"
- Set aside the cards that the client does not want.

• If the client says "**No**"
- Keep the rest if the cards.

Method Choice Stage

During this stage, the Steps 7, 8 and 9, the provider offers more extensive information about 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, the provider continues to narrow down the number of counseling method cards until a method is chosen.

Step 7: Briefly review the methods that have not been set aside and indicate their effectiveness.

- Arrange the remaining method cards that have not been set aside on your desk or table according to their level of effectiveness.
- 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.)

- 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.
- Begin with the card with the lowest number. Read the 5 to 7 key features of each method written on the cards displayed.
- Explain that the condom (male and female) is the only method that provides dual protection against pregnancy and STIs, including HIV. Emphasize the following:

  ○ Male and female condoms significantly reduce the risk of infection with STIs, including HIV, when used correctly and consistently with every act of sex.

  ○ When used consistently and correctly, condom use prevents 80 percent to 95 percent of HIV transmission that would have occurred without condoms.

  ○ 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.

? Ask the client whether s/he has any questions or comments about the methods discussed? Respond to any questions. Resolve any doubts before proceeding.

? Ask the client to choose a method that is most convenient for her/him?

- 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.
- 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.
- 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 to determine the client's need for postpartum, newborn, and infant care or well-child services.

Step 9: Using the method brochure, check again to see whether the client has any conditions for which the method is not advised.

- Select the method-specific brochure corresponding to the method chosen by the client.
- 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.
- As an example, For COCs, it would be:

✓ Are breastfeeding an infant less than 6 months old.

✓ <21 days postpartum, with or without risk factors for venous thromboembolism (VTE).

✓ >21 days to 42 days postpartum with risk factors for VTE.

✓ 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.
- ✓ Have migraine aura (sometimes seeing a growing bright spot in one eye)
- ✓ Take medicine for seizures or take rifampicin.

- Explain that if the client has a condition for which the method chosen is not advised, there is no need to give further information about the method and the client will need to select another method.
- If the client has no conditions, go to step 10 to discuss the details about the method.
- If she has any condition
    - Explain the need to choose another method.
    - Return to Step 7 to review the other methods that have not been set aside.
- If she has any condition and reached this step from Step 5 (already had the method in mind)
    - Explain the need to choose another method.
    - Return to Step 6 to answer the question that might rule out certain methods.

Post-Choice Stage

The Post-Choice Stage includes Steps 10-12. During this stage, provider uses the method brochure to give the client complete information about the method that s/he has chosen. If the client has a condition 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 client to involve her/his partner(s) in decisions about FP, either through discussion or visit to the clinic.

Step 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.

- 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 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

- 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.
- 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.
- 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?
- 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.)
- If the client selects a method not available on site, then:
  - Still give client the brochure for the method chosen.
  - Refer the client to a facility or commercial outlet where s/he can obtain the method.
  - Provide client with an alternative, suitable method until s/he can obtain the method of choice.
- If the client selects a method that is temporarily unavailable (out of stock), then:
  - Give the client a brochure for the method chosen.
  - Refer the client to a facility or commercial outlet where s/he can obtain the method.
  - Provide client with a back-up method until s/he can obtain the method of choice.
  - 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, a referral and a back-up method depending on the method chosen.

- ? Ask the client if her/his choice is a definite one. Make sure the client is happy with the method?
- Decide what to do based on the client's responses
- **If the client is happy with the method chosen:** Give her/him the method and brochure. If IUD, implant, tubal ligation, or vasectomy is chosen and not available on site, give a referral for the procedure, if needed.
- If the client cannot immediately use the chosen method, provide a back-up method (e.g., condoms). Give the method brochure on condoms. Suggest that s/he may also abstain from sex until s/he obtains the method of choice.
- **If the client is not happy with the method and wishes to consider other options**: Assure the client that it is fine to change her/his mind. The client has a right to informed choice. Return to Step 7 to briefly review the methods that have not been set aside and indicate their effectiveness.
- Do not let the client leave empty-handed. If a method is not available, make sure the client has a backup method (e.g., condoms), a referral, and the brochure on condoms.

- 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.

- Encourage the client to discuss her/his contraceptive method with her/his partner.
- 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

During this stage, the provider uses information collected previously and targeted questions to determine additional health services and counseling that the FP 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 the client, following national protocols, and encourages 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.

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

- Consider information that the client has provided previously during the counseling session, including her responses to questions in Step 3 and Step 4 (Ask client about current family size, desire to have more children, and current contraceptive practices and rule out pregnancy).
- 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?

- 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.
- If the client has given birth recently:
    - Review Promoting a Healthy Postpartum Period for the Mother counseling card with client.

  - Review Newborn/Infant Health counseling card with client.
- If the client has children less than 5 years of age:
  - ? Ask if children have been taken to well-child services?
  - ? Ask if children have received all immunizations?
  - ? Ask if children have had their height and weight monitored?
  - Refer to well-child services if needed.
- Refer to the counseling card on Promoting a Healthy Postpartum Period. Review the following points that providers can use to discuss postpartum health with the client, if she has given birth recently:
  - 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
  - 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 personal hygiene, including 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.
- Refer to the counseling card on Promoting Newborn and Infant Health and provide instructed counseling and services. Review the following points that providers can use to discuss newborn and infant health with the client.
  - 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 (including key activities such as growth monitoring).
- If you are unable to counsel or provide infant or newborn services, refer the client to the appropriate facility where she can receive this counseling and services.

- It is importance to receive timely care and monitoring during the first five years of a child's life. The types of services included in well-child services are the following:
    - Immunizations
    - Growth monitoring
    - Infant feeding support
    - Vitamin A provision at 6 months
    - Sick child services (including Integrated Management of Childhood Illnesses, IMCI)
- If the client has a child under 5 years of age, ask her/him if the child has been taken to well-child services, and provide or refer client for these services, if needed.

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

- 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.
- 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.

? Ask client when she had her last screening for cervical cancer?

- If the client: 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.
- If the client had her last screening less than 3 years ago:
    - Advise client when to seek next screening

Step 15: Discuss STI/HIV transmission and prevention and the client's HIV status using the counseling card.

- Explain to the client that if s/he is having unprotected sex, s/he is at risk for getting an STI, including HIV.
- Review the following points from the counseling card and assess the client's knowledge of STI/HIV.
    - Knowing your HIV status protects you, your partner, and your 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, and 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 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).

? Ask whether the client has any questions?

- Explain to the client that dual protection is the simultaneous prevention of STIs and pregnancy.
- 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.

? Ask whether the client has any questions?

- Offer condoms.

? Ask whether the client knows how to use a condom?

- Demonstrate use of the condom, if required. Ask the client to do a repeat demonstration
- Provide information about where the client can obtain condoms.

Step 16: **Conduct STI/HIV risk assessment using the counseling card**.

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

- If the client has STI symptoms, treat her/him syndromically.
- 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 the client whether she/he knows her/his HIV status.

- ? Ask client whether s/he knows her/his HIV status?
- Gently inquire whether the client is willing to tell you her/his status
- Inform the client that you will not share her/his status without consent.
- If the client **knows HIV status and is living with HIV**:
  Review Positive Health, Dignity, & Prevention counseling 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.
- 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.
- ? Ask when the client last attended a health facility for her/his monitoring visit?
- Encourage client to follow all health and wellness recommendations.
- Refer client to center for wellness care and treatment.
- If the client **knows HIV status and is negative:**
  - Discuss timeframe for repeat testing.
  - Refer to national guidelines and protocol to determine the appropriate timeframe and recommendations for HIV retesting.
  - 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 the client **does not know her/his status:**
  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.
- 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.
- Offer or initiate HIV testing, according to national protocols.
- Counsel client on results of HIV test.
- 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 the next visit.

- 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.

- Provide the client with follow-up instructions for the method chosen and the corresponding method brochure (if the client does not yet have one).
- Give the client a brochure on condoms. Reiterate the fact that only condoms provide dual protection against both STIs, including HIV, and pregnancy.
- Make sure the client has his/her method or back-up method/referral, as needed.
- Reiterate the importance of seeking other recommended services and provide a proper referral to the client.
- 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.
- 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.
- To the extent possible, anticipate the client's future needs.

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

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

Adapted from: Population Council, Balanced Counseling Strategy Plus User's Guide Second Edition, part of The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings, Second Edition, Washington, DC: Population Council, 2012.

Role-Play Script for Practicing Counseling skills: Mrs. Kalule

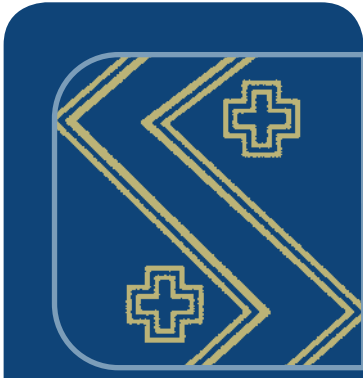
Mrs. Kalule is 18 years old, married mother of two children. She has brought her two children, who are 3 months old and 1 year old, for immunization. She has heard of family planning, but has never used. You ask her whether she would like to hear more about family planning. She agrees. She says she is afraid of family planning because some people in the village told her that the family planning methods can prevent her from having more children in the future, or even have deformed children. Dispel Mrs. Kalule's fears and tell her the benefits of family planning. When she agrees to try a method, tell her you will help her chose the best method for her. **End the role play.**

Display:

- Good interpersonal relationship
- Asking open ended question and appropriate close ended questions
- Showing that you care
- Assure of privacy and confidentiality
- Active listening, paraphrasing and summarizing
- Use of visual aids

Client: Mrs. Kalule.

Mrs. Kalule –you came to the clinic for immunization, and have given birth to a second child. You say yes you want to hear about family planning because the children are all too young. You are always tired, and do not want to be pregnant for quite some time. You tell the nurse that you have heard about family planning from your sister, your co-wife, and friends that family planning is not good. You fear it will prevent you from ever having children again, or have deformed children. It also gives problems of water discharge, and making you and the husband weak sexually. You agree to try family planning.



The Balanced Counseling Strategy Plus:
A Toolkit for Family Planning Service Providers
Working in High STI/HIV Prevalence Settings

Counseling Cards

Second Edition, 2012

Population Council

- Checklist to be reasonably sure a woman is not pregnant
- Monthly Injectable
- Emergency Contraception
- Female Condoms
- Hormonal Implants
- Intrauterine Device
- Levonorgestrel Intrauterine System
- Lactational Amenorrhea Method
- Male Condoms
- Minipill
- The Pill
- Progestin-only Injectables
- Standard Days Method®
- Withdrawal
- Tubal Ligation
- TwoDay Method®
- Vasectomy
- Healthy Timing and Spacing of Pregnancy
- Promoting a Healthy Postpartum Period for the Mother
- Promoting Newborn and Infant Health
- STI and HIV Transmission and Prevention
- STI and HIV Risk Assessment
- Positive Health, Dignity and Prevention
- Dual Protection
- HIV Counseling and Testing
- Screening for Cervical Cancer

Checklist to be reasonably sure a woman is not pregnant

Balanced Counseling Strategy Plus (2nd Ed.)

Checklist to be reasonably sure a woman is not pregnant

Ask these 6 questions:	If "Yes" to **any** of these questions, **and** client is free of signs and symptoms of pregnancy, 1. Pregnancy is unlikely. 2. Continue to **Step 5**	If "No" to **all** 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**
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?		
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?		

Monthly Injectable

Combined Injectable Contraceptives or CICs

Balanced Counseling Strategy Plus (2nd Ed.)

Monthly Injectable

Combined Injectable Contraceptives or CICs

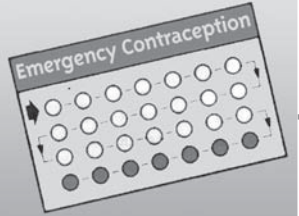
Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use:

- Correct use (no missed or late injections) — 1 pregnancy per 100 women (1%)
- Typical use (some missed or late injections) — 3 pregnancies per 100 women (3%)

1 – 3

- Requires that you get an injection every 4 weeks (30 days) to prevent pregnancy.
- More regular monthly bleeding than with DMPA or NET-EN injectables.
- Delayed return of fertility after woman stops method. It takes an average of about 1 month longer than with most other methods.
- Safe for a woman living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines. But not advised if on Ritonavir- boosted protease inhibitors as part of HAART.
- Does not protect against sexually transmitted infections (STIs), including HIV.



Emergency Contraception

Emergency Contraceptive Pills or ECPs

Balanced Counseling Strategy Plus (2nd Ed.)

Emergency Contraception

Emergency Contraceptive Pills or ECPs

Effectiveness for pregnancy prevention for each act of unprotected sex:

When taken within 5 days (120 hours) of having unprotected sex:

- With ECPs — only 1 or 2 pregnancies per 100 women (1 or 2%)
- Normally (no ECPs) — 8 pregnancies per 100 women (8%)

1– 2

- The only method that can help prevent pregnancy after a woman has had sex.
- Not recommended for regular use. A woman using ECPs repeatedly should receive additional family planning counseling in order to select the most appropriate continuous method.
- Must be used within 5 days (120 hours) of unprotected sex.
- Safe for women who cannot use regular hormonal contraceptive methods.
- ECPs do not disrupt existing pregnancy.
- Safe for a woman living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines. But not advised if on Ritonavir- boosted protease inhibitors as part of HAART.
- Does not protect against sexually transmitted infections (STIs), including HIV.

Female Condoms

Balanced Counseling Strategy Plus (2nd Ed.)

Female Condoms

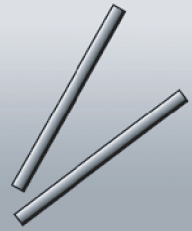
Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (used with each act of sex) — 5 pregnancies per 100 women (5%)
- Typical use (not used consistently) — 21 pregnancies per 100 women (21%)

5 – 21

- The female condom is a sheath made of transparent latex with flexible rings at both ends. It is the same length as a male condom.
- Before having sex, place the female condom into your vagina up to eight hours before an anticipated sexual act. It fits loosely inside the vagina.
- You must use a new condom for each act of sex.
- Protects against pregnancy and sexually transmitted infections (STIs), including HIV.
- Preserves feeling of sex for men and women.
- Requires partner's cooperation.



Hormonal Implants

Balanced Counseling Strategy Plus (2nd Ed.)

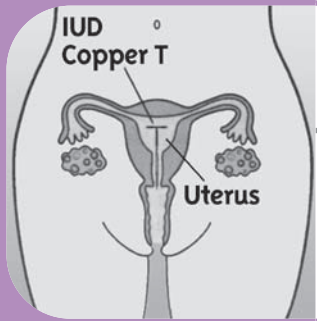
Hormonal Implants

Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Less than 1 pregnancy per 100 women (1%)

- Are small rods or capsules (about the size of a matchstick) put under the skin.
- Provide long-term protection from pregnancy for 3 to 5 years. Length of protection depends on the implant.
- A trained provider must insert and remove implants.
- Safe for women who are breastfeeding. You may get implants 6 weeks after giving birth.
- Often cause changes in monthly bleeding.
- Safe for a woman living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Do not protect against sexually transmitted infections (STIs), including HIV.



Intrauterine Device

Copper-bearing IUD

Balanced Counseling Strategy Plus (2nd Ed.)

Intrauterine Device

Copper-bearing IUD

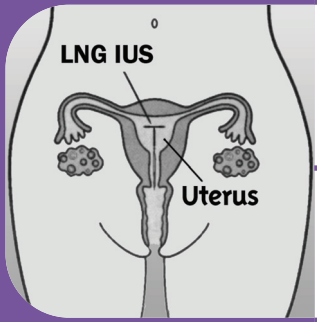
Effectiveness for pregnancy prevention:

Pregnancy rate is:

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

1 – 2

- Provides long-term protection against pregnancy for up to 12 years.
- Is a small, flexible, plastic and copper device placed in the uterus. Most IUDs have 1 or 2 thin strings that hang from the cervix into the vagina.
- A trained provider must insert and remove the IUD.
- Can be inserted immediately after childbirth (within 48 hours) or after 4 weeks postpartum.
- Typically causes longer and heavier bleeding and more cramps or pain during monthly bleeding.
- Safe for a woman living with HIV or AIDS who is clinically well on antiretroviral (ARV) medicines.
- Not advised for a woman at very high risk of having a sexually transmitted infection (STI).
- Does not protect against sexually transmitted infections (STIs), including HIV.



Levonorgestrel Intrauterine System

LNG IUS

Balanced Counseling Strategy Plus (2nd Ed.)

Levonorgestrel Intrauterine System

LNG IUS

Effectiveness for pregnancy prevention:

Pregnancy rate is:

- In first year of use — less than 1 pregnancy per 100 women (1%)
- Over 10 years of use— 5 pregnancies per 1000 women (0.5%)

0.5 – 1

- Provides long-term protection against pregnancy for up to 5 years.
- Is a small, flexible, plastic device placed in the uterus with an inner reservoir of levonorgestrel, a progestin hormone. The LNG IUS has 1 or 2 thin strings that hang from the cervix into the vagina.
- A trained provider must insert and remove the LNG IUS.
- Causes lighter and shorter monthly periods of bleeding and may cause periods to stop all together.
- Safe for a woman living with HIV or with AIDS who is clinically well taking antiretroviral (ARV) medicines.
- Not advised for a woman at very high risk of having a sexually transmitted infection (STI).
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Can be inserted 4 - 6 weeks postpartum.

Lactational Amenorrhea Method

LAM

Balanced Counseling Strategy Plus (2nd Ed.)

Lactational Amenorrhea Method

LAM

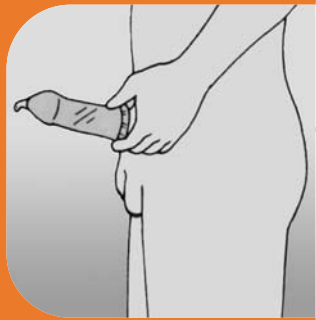
Effectiveness for pregnancy prevention:

Pregnancy rate in first 6 months after childbirth is:

- When all 3 conditions are met — less than 1 pregnancy per 100 women (1%)
- As commonly used — 2 pregnancies per 100 women (2%)

1 – 2

- LAM is the use of fully breastfeeding after having a baby to delay the woman's return to fertility as a method of family planning.
- LAM requires 3 conditions. All 3 must be met:
  1) Your monthly bleeding has not returned since giving birth.
  2) The baby is fully breastfed, day and night.
  3) The baby is less than 6 months old.
- LAM is a temporary family planning method to use after pregnancy, when a woman can think about which method to use after LAM no longer protects her from pregnancy.
- Safe for a woman living with HIV/AIDS. There is a chance, however, that mothers with HIV will transmit HIV to their infants through breastfeeding.
- Does not protect against sexually transmitted infections (STIs), including HIV.



Male Condoms

Balanced Counseling Strategy Plus (2nd Ed.)

Male Condoms

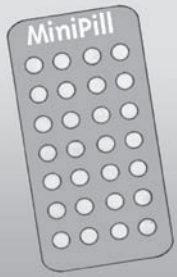
Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (used with each act of sex) — 2 pregnancies per 100 women (2%)
- Typical use (not used consistently) — 15 pregnancies per 100 women (15%)

2 – 15

- Most condoms are made of thin latex rubber. Some condoms are coated with a lubricant and/or spermicide.
- If you have had an allergic reaction to latex rubber, you should not use latex condoms.
- Before having sex, place the condom over the erect penis.
- You must use a new condom for each act of sex.
- Protect against pregnancy and sexually transmitted infections (STIs), including HIV.
- Require partner's cooperation.



Minipill

Progestin-only
Oral Contraceptives

Balanced Counseling Strategy Plus (2nd Ed.)

Minipill

Progestin-only
Oral Contraceptives

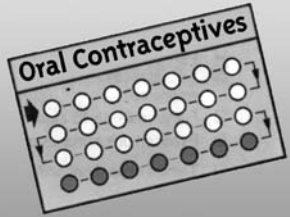
Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no missed pills) — less than 1 pregnancy per 100 women (1%)
- Typical use (some missed pills) — 3 to 10 pregnancies per 100 women (3 to 10%)
- For breastfeeding women — 1 pregnancy per 100 women (1%)

1 – 10

- Requires that you take 1 pill every day.
- Safe for women who are breastfeeding. You may begin the mini pill 6 weeks after giving birth.
- May cause irregular monthly bleeding. For breastfeeding women, causes delayed return of monthly bleeding.
- Safe for a woman living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines. But not advised if on Ritonavir-boosted protease inhibitors as part of HAART.
- Does not protect against sexually transmitted infections (STIs), including HIV.



The Pill

Combined Oral Contraceptives

Balanced Counseling Strategy Plus (2nd Ed.)

The Pill

Combined Oral Contraceptives

Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no missed pills) — less than 1 pregnancy per 100 women (1%)
- Typical use (some missed pills) —8 pregnancies per 100 women (8%)
- Requires that you take 1 pill every day.

1 – 8

- Not advised if breastfeeding an infant less than 6 months old.
- May cause irregular bleeding during the first few months of use.
- May also cause absence of periods or other side effects.
- Not advised if woman takes medicine for seizures or takes Rifampicin.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines. But not advised if on Ritonavir- boosted protease inhibitors as part of HAART.
- There are many different brands and regimens of combined oral contraceptives. Discuss available and most appropriate method with provider.
- Does not protect against sexually transmitted infections (STIs), including HIV.

Progestin-only Injectables

DMPA or NET-EN

Balanced Counseling Strategy Plus (2nd Ed.)

Progestin-only Injectables

DMPA or NET-EN

Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no missed or late injections) — 1 pregnancy per 100 women (1%)
- Typical use (some missed or late injections) — 3 pregnancies per 100 women (3%)

1 – 3

- You get an injection every 2 or 3 months, depending on type of injection.
- Safe for women who are breastfeeding a baby. You may begin the method 6 weeks after giving birth.
- May cause irregular or no menstrual bleeding.
- There is a delayed return to fertility after you stop the method. It takes longer than with most other methods.
- Not advised if woman takes medicine for seizures or takes Rifampicin.
- Safe for a woman living with HIV/AIDS, even if she takes antiretroviral (ARV) medicines. But not advised if on Ritonavir- boosted protease inhibitors as part of HAART.
- There is inconclusive evidence about possible increased risk of HIV acquisition among women using this method. Male or female condoms should always be used with this method to prevent HIV and other STIs.

Standard Days Method®

SDM

Balanced Counseling Strategy Plus (2nd Ed.)

Standard Days Method®

SDM

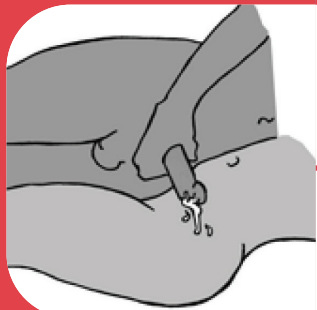
Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no unprotected sex on fertile days) — 5 pregnancies per 100 women (5%)
- Typical use — 12 pregnancies per 100 women (12%)

5 – 12

- Ideal for women whose menstrual cycles are usually between 26 and 32 days long. Women who have regular monthly bleeding fall within this range.
- You keep track of your menstrual cycle to know the days you can get pregnant (fertile days).
- You use a calendar or CycleBeads®, a string of color-coded beads, to track the days you can get pregnant and the days you are not likely to get pregnant.
- On the days you can get pregnant, you must abstain from having unprotected sex. Or, you can use a condom or other barrier method.
- Postpartum or breastfeeding women must have 3 regular menstrual cycles before they can use SDM.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Requires partner's cooperation.



Withdrawal

Coitus Interruptus, “Pulling out”

Balanced Counseling Strategy Plus (2nd Ed.)

Withdrawal

Coitus Interruptus, "Pulling out"

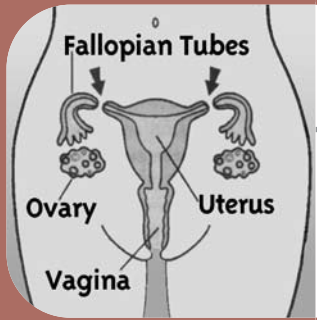
Effectiveness for pregnancy prevention:

Pregnancy rate in first year of use is:

- Correct use (no unprotected sex on fertile days) — 4 pregnancies per 100 women (4%)
- Typical use — 27 pregnancies per 100 women (27%)

4 –27

- The man withdraws his penis from his partner's vagina before ejaculation and he ejaculates outside of the vagina.
- Is one of the least effective methods, yet offers better protection than no method at all.
- Not suitable for men who cannot sense consistently when ejaculation is about to occur or ejaculate prematurely.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Requires partner's cooperation.



Tubal Ligation

Female Sterilization

Balanced Counseling Strategy Plus (2nd Ed.)

Tubal Ligation

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%)

1 – 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.

TwoDay Method®

Balanced Counseling Strategy Plus (2nd Ed.)

TwoDay Method®

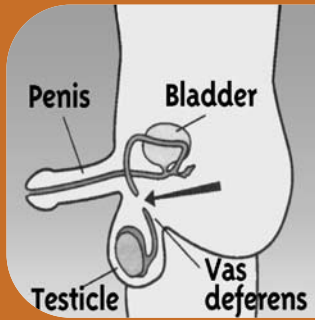
Effectiveness for pregnancy prevention:

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



Vasectomy

Male Sterilization

Balanced Counseling Strategy Plus (2nd Ed.)

Vasectomy

Male Sterilization

Effectiveness for pregnancy prevention:

Pregnancy rate after the procedure is:

- Over first year — 1 to 3 pregnancies per 100 women whose partner has had a vasectomy (1 to 3%)
- Over first 3 years — 4 pregnancies per 100 women whose partner has had a vasectomy (4%)

1 – 4

- Permanent, safe method for men who do not want more children.
- A safe, simple surgical procedure.
- Does not affect male sexual performance.
- Does not protect from pregnancy immediately. There is a 3-month delay before the method takes effect.
- You must use condoms or another method for 3 months after the procedure.
- Safe for a man with HIV/AIDS, even if he takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.

Healthy Timing and Spacing of Pregnancy

Balanced Counseling Strategy Plus (2nd Ed.)

Healthy Timing and Spacing of Pregnancy

Advise on healthy timing and spacing of pregnancy:

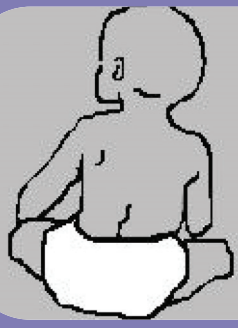
- For women who want to have more children after a live birth, advise:
  - For the health of the mother and baby, wait at least 2 years (24 months) but not more than 5 years before trying to become pregnant again.
  - Use of a family planning method of her choice allows a woman to plan for a healthy pregnancy.
- For women who decide to have a child after a miscarriage or abortion, advise:
  - For the health of the mother and baby, wait at least 6 months before trying to become pregnant again.
  - Use of a family planning method of her choice allows a woman to plan for a healthy pregnancy.
- For adolescents, advise:
  - For the health of the mother and baby, wait until at least 18 years of age before trying to become pregnant.
  - If sexually active, use of a family planning method of her choice allows a young woman to prevent unintended pregnancy.

Promoting a Healthy Postpartum Period for the Mother

Balanced Counseling Strategy Plus (2nd Ed.)

Promoting a Healthy Postpartum Period for the Mother

- 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.



Promoting Newborn and Infant Health

Balanced Counseling Strategy Plus (2nd Ed.)

Promoting Newborn and Infant Health

- 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 antiretroviral (ARV) medicines daily while breastfeeding and to continue for 1 week after cessation of breastfeeding (around 1 year), or for mother to continue ARV treatment per national protocols.
  - Recommend that HIV-exposed infants get 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 (including key activities such as growth monitoring).

STI and HIV Transmission and Prevention

Balanced Counseling Strategy Plus (2nd Ed.)

STI/HIV Transmission and Prevention

Discuss the following about all sexually transmitted infections (STIs), including 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 condom, limiting the number of sex partners, and delaying sex (adolescents).

Discuss the following facts specifically about HIV:

- 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.

STI and HIV Risk Assessment

Balanced Counseling Strategy Plus (2nd Ed.)

STI and HIV Risk Assessment

Discuss the following issues to assess the client's risk of STIs and HIV:

- 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.
- Current symptoms/treatment of STIs and history of previous sexually transmitted infections, symptoms and treatment for self and partner(s)
- 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.

Positive Health, Dignity and Prevention

Balanced Counseling Strategy Plus (2nd Ed.)

Positive Health, Dignity and Prevention

Provide support and counseling on issues relating to disclosure of HIV status. Be sure that client knows it is her/his decision to disclose her/his status and that the provider will not share status without consent.

Discuss the following issues with the 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 a person is taking ARV medicine, s/he should attend follow-up clinic visits as recommended by the provider. Visits may be frequent when ARV medicines are initiated.
- The person should do her/his best to adhere to the medication regimen prescribed and should not share medications.
- Partners should get tested as well. The person 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.

Dual Protection

Balanced Counseling Strategy Plus (2nd Ed.)

Dual protection

Discuss the following issues 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.
- Only engage in safer sexual intimacy that prevents semen and vaginal fluids from coming in contact with partner'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.

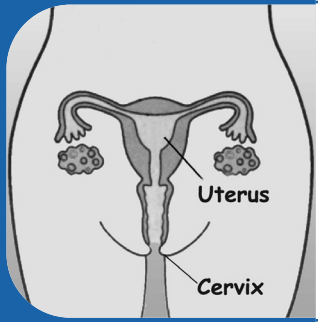
HIV Counseling and Testing (HCT)

Balanced Counseling Strategy Plus (2nd Ed.)

HIV Counseling and Testing (HCT)

Discuss the following with the client:

- Knowing your HIV status can help you make decisions about protecting yourselfand 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.



Screening for Cervical Cancer

Balanced Counseling Strategy Plus (2nd Ed.)

Screening for Cervical Cancer

Discuss whether the client has ever been screened for cancer of the cervix

- Cancer of the cervix is one of the most common reproductive health malignancies. It is preventable, easily detectable, and curable in the early stages.
- Describe how cervical cancer presents:
  - Cancer of cervix is painless and progresses slowly.
  - It occurs at the opening of the uterus.
  - In advance lesions the signs and symptoms include painful sexual intercourse, bleeding after sex and lower abdominal and back pain.
- Detection is through a simple pelvic examination by a trained service provider (VIA/VILI or Pap smear). It is a simple quick test and generally not painful.
- Screening for cancer of the cervix should be done every 3-5 years (depending on National guidelines) and if VIA/VILI is positive then once every year. Women living with HIV should be screened every 6-12 months.
- Early cervical lesions can be treated on outpatient basis through cryotherapy (freezing of the lesions).
- Clients with advanced cancerous lesion/s are referred for specialized treatment.

The Balanced Counseling Strategy Plus:
A Toolkit for Family Planning Service Providers
Working in High STI/HIV Prevalence Settings

Counseling Cards

Second Edition, 2012

Balanced Counseling Strategy Plus (2nd Edition)

The Balanced Counseling Strategy Plus (BCS+) toolkit, developed and tested in Kenya and South Africa, provides the information and materials that health-care facility providers need so they can offer complete, high-quality family planning counseling to clients living in areas with high rates of HIV and STIs. The BCS+ was adapted from the Balanced Counseling Strategy (Léon 1999; Léon et al 2003a, b, c; Léon et al 2008). First editions of the Balanced Counseling Strategy and the Balanced Counseling Strategy Plus toolkits are products of Population Council's FRONTIERS program, supported by United States Agency for International Development (USAID), Cooperative Agreement HRN-A-00-98-00012-00 and funding from the President's Emergency Plan for AIDS Relief (PEPFAR) through the USAID mission in Kenya and South Africa.

This second edition of the BCS+ includes content updated according to the latest WHO Medical Eligibility Criteria (2010) as well as additional instructions for providers, guiding them through supplemental counseling and services that family planning clients may need. Development of this second edition was funded by the Population Council and included input from the following: Katherine Williams, Saiqa Mullick, Wilson Liambila, Mantshi Menziwa, Charlotte Warren, Charity Ndwiga and Ian Askew.

Note: These cards are 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

We would like to acknowledge the following individuals for contributing their expertise on specific topics and making technical contributions to this edition of the BCS+: Holly Blanchard, Jeanette Cachan, Victoria Jennings, Shawn Malarcher, Naomi Rutenberg, John Townsend, and Elizabeth Westley.

For the full Toolkit, please visit http://www.popcouncil.org/bcsplus

Competency-based Skills Checklist for FP Counseling

Date of Assessment _____ Dates of Training _____

Place of Assessment: Facility _____ Classroom _____

Name of Facility _____

Type of Facility: ☐ MOH/Gov't ☐ NGO ☐ Other

Level of Facility: ☐ Primary ☐ Secondary ☐ Tertiary

Name of the Service Provider _____

Name of the Assessor _____

This assessment tool contains the detailed steps that a service provider should follow in counseling and providing client instructions for implants. The checklist may be used during training to monitor the progress of the trainee as s/he acquires the new skills and it may be used during the clinical phase of training to determine whether the trainee has reached a level of competence in performing the skills. It may also be used by the trainer or supervisor when following up or monitoring the trainee. The trainee should always receive a copy of the assessment checklist so that s/he may know what is expected of her/him.

Instructions for the Assessor

1. Always explain to the client what you are doing before beginning the assessment. Ask for the client's permission to observe.
2. Begin the assessment when the trainee greets the client.
3. Use the following rating scale:

   1= Needs Improvement. Step or task not performed correctly or out of sequence (if necessary) or is omitted.

   2= Competently Performed. Step or task performed correctly in proper sequence (if necessary) but participant does not progress from step to step efficiently.

   3= Proficiently Performed. Step or task efficiently and precisely performed in the proper sequence (if necessary).

   Not observed: Step, task, or skill not performed by the trainee during evaluation by the trainer.
4. Continue assessing the trainee throughout the time s/he is with the client, using the rating scale.
5. Observe only and fill in the form using the rating numbers. Do not interfere unless the trainee misses a critical step or compromises the safety of the client.
6. Write specific comments when a task is not performed according to standards.
7. Use the same copy for several observations.
8. When you have completed the observation, review the results with the trainee. Do this in private, away from the

client or other trainees

	Task performed by Provider	Yes	No	Comments
	Pre-Choice Stage			
1	Greats client and maintains rapport with the client throughout, Enquires about her health and that of the her children and family			
2	Acknowledges the client for coming for family planning of accepting to talk about family planning			
3	Make sure she is comfortable			
4	Explain to her that you will discuss family planning first and related reproductive health issues and discuss other health problems later.			
5	Tell her you will ask her questions to help guide the counseling			
6	Ask her how many children she has and their ages			
	Ask her what she has heard about family planning			
7	Counsel her using the healthy timing and spacing of pregnancy card to emphasize the benefits of family planning			
8	Ask her whether she has ever used family planning before and what she has heard about family planning			
9	Ask her about her satisfaction with the method If she has used contraceptive method before, ask her about her satisfaction with the method			
10	Ask her the following questions and arrange the cards and contraceptive methods appropriately depending on responses: 10.1. Ask does she wish to have children in future? Yes: If yes set aside the tubal ligation and vasectomy cards. If No: Keep all cards for now			
	10.2. Asks if client has given birth in the last 48 hours (*she might be at post-natal or delivered at home and come for BCG, DPT and Polio-Zero)* *Yes:* Set aside CoC and SDM. *No:* Keep all cards for now			
	10.3. Asks is client is breastfeeding baby less than six months Is yes: set aside CoC and SDM If No: Set aside CoC, if periods have resumed set aside LAM as well			
	10.4. As if partner is supportive of family planning If No: Set aside male and female condoms and SDM			
	10.5. Ask about medical conditions she has and what medicatiosn she us taking? If Yes: Refer to the Medical Eligibility Criteria (MEC) and set aside Methods in Categories 3 and 4 If No keep all cards.			
	10.6. Ask if there are any methods she does not want to ever use or hear about If yes: Clarify whuch ones, clarify misunderstanding If no keep all cards			
	Stage 2: CHOICE STAGE			
1.	Explain to client all methods that have bene set aside and why?			
2.	Ask when she will want her next child?			
3.	Ask about easy access to the health facility or life style that might interfere with keeping return dates e.*g. in school and not graduating for some time or single and not planning to get married or not having child any time soon?*			
4.	Arrange the remaining method cards and contraceptive methods in order of Long acting short acting depending and effectiveness.			

5.	Explain that you will help her to choose a method that is suitable for her, the choice is entirely hers based on what she knows already and the information you will give her.			
6.	Explain each methods as per cards, (*use visual aids, give client method to touch and feel*			
	Stage 3 POST CHOICE			
1	Commend client for her choice and discuss reasons for choice of method to be sure her decision is definite			
2	Explain further about the method the client has chosen as per card			
3	Allows client to ask questions and responds truthfully			
4	Observe client for non-verbal cues and respond,			
5	Checks client's understanding of key information (*how method works, her responsibility for use of method, advantages side effects, particularly changes in menstrual cycle and fellow-up)*			
6	Summarize the key points, her choice and what you heard her say and any misunderstanding clarified/new information.			
7	Explain to client next steps history taking and examination			
8	Explain about screening that is god for her health in general and will not affect use of method			
10	Determine need for antenatal care, Cervical cancer screening, HTC			
	SCREENING, PROVIDING CHOSEN CONTRACEPTIVE METHOD AND OTHER SERVICES			
1	Assure the client of confidentiality and privacy			
2	Use both open and close ended questions			
3	Record on history card noting any abnormalities			
4	Proceed to perform physical and bimanual examination including postpartum assessment, other services such as, breads cancer screening, Cervical cancer screening, STDs			
6	Explain findings to the client			
7	Discuss about HV/AIDS and STDs offer HTC if client desires			
8	Administer the method			
9	Record and Give client instructions on use fo method			
10	Give return date on card and explain when to return urgently.			
11	If client's baby is due for check-up or immunization, escort client and help her not to que again for the services to reduce on waiting time.			

Role-Play Script for Demonstration Balanced Counseling

Roleplay 1

Sarah is a 17-year-old mother of a 7 months old baby-Precious. She is not yet married, she is waiting for the boyfriend to propose, but he is still in University. She dropped out to have the baby. She was in senior 5, and wants to go back when the baby is old enough. She had come with the baby, Precious, for weighing because she does not feed well and seems to be losing weight. They did not use condoms because Peter, her boyfriend, says she is his only girlfriend and he says condoms are for people who have many sexual partners.

The nurse asked her if she would like to hear about family planning. She used Pills once, but they were giving her headaches. Since Peter is in school and they only meet during holidays, she stopped taking them. She was also forgetting all the time. She is interested because, this child was mistake; her parents are angry and not happy. She has to look after the baby. The baby's father helps but he is in school, he says he cannot marry her until he finishes, gets a job, and has money. For now, she is living with her parents.

Display:

- Each stage – Mention each stage to Sara and reasons why.
- Show how you eliminate the cards to focus on Sarah's needs – *going back to school, unmarried and does not know when she will get married, partner against condoms, negative experience with Pills.*

Roleplay 2

Mtshala Miti is 36 years old, she has heard about family planning, but never used it because the husband does not want to hear about family planning. He says it is for prostitutes. She has 6 children. The husband has taken another younger wife, and she is tired because the children are young and some are not even going to school. She feels she has enough children.

Roleplay 3

Jane is 24 years old she has 2 children. She has come for treatment of abortion. She has had 1 previous abortion. She does not want another child because her husband looks like he wants more wives and does not provide for her much. She dropped out of school in Senior 5 and wants to go back to school.

Roleplay 4

Joy has come with her husband. He heard about family planning. He says Joy keeps producing. The new baby, who is 7 days old, is baby number 5. He cannot manage to provide for them, which is why this

baby was born at home. He makes little money as a security guard and thinks family planning is a good idea.

Roleplay 5

Jane is 15 years old, and had come for HTC because she is not sure of her current boyfriend. She has never been pregnant. She has never used family planning- maybe because the boyfriend is a truck driver and she does not see him that frequently. She thinks he has other wives.

Roleplay 6

Margaret is 20 years old, she has 2 children. She is a Catholic and does not want to use family planning methods. Her husband is also Catholic. They have used withdrawal method and it worked because he is a teacher that works away from home. She lives with her mother-in law, but now he has been transferred to the school near them. He says 2 children are enough.

Roleplay 7

Susan had her baby yesterday and she wants family planning. This is her first baby. She was told she is HIV positive during antenatal care.

Roleplay 8

Lucy is 18 years old, and has one child. She is a commercial sex worker; most of her clients are truck drivers or soldiers. That is the only way she can look after her child as she is an orphan. She says her steady boyfriend that is the father of the child died of AIDS. She has come for family planning; she thinks pregnancy will be interfering with her plans and business.

Roleplay 9

Timothy is a 30-year-old man, he has 2 wives, and he inherited one from his late brother. His problem is that they keep producing. He now has 7 children and does not want any more. He has come with Jane the young wife because he feels she is the one in danger of keeping producing babies. Her last two were born very close- about one year.

Roleplay 10

Mary, your sister's daughter who is in University, has come for family planning. She recently met her boyfriend, they started having sex, and she does not want to get pregnant. She loves the boyfriend, feels he is a good "catch," and she is happy with him. They both do not want anything to interfere with their studies.

Roleplay 11

Mtshala Bagonza is 42 years old, and her husband passed away two years ago. She has found a man, but does not want any more children. He has his own children. She has 6 from her late husband, and he has four from his wife who went to England and told him she is not coming back.