

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) and 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 of 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.