Acknowledgments

The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings was developed and tested through operations research studies conducted in Kenya and South Africa by the Population Council’s USAID-funded Frontiers in Reproductive Health Program (FRONTIERS) with funding from the President’s Emergency Plan for AIDS Relief (PEPFAR) through the USAID mission in each country. This publication was adapted from the Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers, published in May 2008. Both publications are built upon the Balanced Counseling Strategy (BCS) developed by Federico León (León 1999; León et al. 2003; León, Vernon, Martin, and Bruce 2008).

This research could not have been conducted without the invaluable support of the service providers who tested the Balanced Counseling Strategy Plus (BCS+) and the program directors who authorized and supervised its application. The authors wish to thank the Department of Health in South Africa and the Division of Reproductive Health and the National AIDS and STD Control Program of the Ministry of Health in Kenya. We would also like to thank the trainers at the Reproductive Health and HIV Research Unit (RHRU) of the University of Witwatersrand for their invaluable contribution in South Africa.
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Introduction

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

Why the Balanced Counseling Strategy Plus?

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

Integration of health services has been defined as offering a range of services that can meet several needs simultaneously, usually at the same time, in the same venue, and through the same provider. Referrals to, or linkages with, other related services enable a client to receive a range of needed services, even if the services are not received simultaneously (Askew 2007). In reproductive health, the push for integration or linkage is guided both by many clients having the need for several services simultaneously (and so missed opportunities can be reduced) and by the expectation that the component services can be provided more efficiently when integrated or linked than when delivered individually. Despite many calls for greater attention to be paid to integrating such services in high STI/HIV settings, surprisingly little attention has been paid to the development and empirical testing of practical tools that providers can use to strengthen their capacity to offer integrated services.
The FRONTIERS Program developed and piloted the BCS+ in Kenya (2005 to 2007) and South Africa (2004 to 2006) because both countries have high rates of STIs, including HIV, and their contraceptive prevalence rates are relatively high for the region. This situation provides opportunities to reach a substantial proportion of the sexually active population (albeit predominantly female) that is seeking to prevent pregnancy and that also may be at some risk of exposure to an STI/HIV. As in most countries, their family planning and STI/HIV programs are implemented separately, although both countries are actively seeking ways to integrate services. Thus, both Ministries of Health were keen to develop practical tools for increasing the quality of services and numbers of clients receiving integrated services.

The study findings are described more fully in the Appendix. (See also Liambila et al. 2008; Mullick, Menziwa, Khoza, and Maroga 2008). Both studies showed that:

- Integrating STI/HIV prevention counseling and risk assessment with offering HIV C&T during family planning consultations is feasible and acceptable to clients and providers.

- The quality of care for both family planning and STI/HIV counseling improved significantly with the use of the BCS+ tools.

- Counseling on HIV C&T increased substantially. In Kenya, more than 40 percent of clients were offered C&T services, with almost half of these deciding to be tested, either on site or through referral. In South Africa, those offered testing increased to 29 percent. Furthermore, an overall increase in testing was observed in the district with a doubling of individuals tested.

- Use of the BCS+ tools facilitated greater risk assessment for STIs and HIV. Also, decisions about contraceptive method choice were made with a better understanding of their relationship to infection prevention.

- Despite the concern that adding these services may have a negative impact on the family planning service, improved quality of counseling and no evidence of a decline in utilization showed that this concern was unfounded.

**The Balanced Counseling Strategy Plus**

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

- **Pre-Choice Stage**: During this stage, the provider creates the conditions that help a client select a family planning method. The provider cordially greets the client. The
provider emphasizes to the client that, during the consultation, other reproductive health issues such as STIs, including HIV, will be addressed depending on her/his individual circumstance. At this time, the provider rules out pregnancy using the counseling card with the checklist of questions. If the client is not pregnant, the provider displays all the method cards and asks the four questions described in the algorithm. As the client responds to each question, the provider sets aside the cards of the methods that are not appropriate for the client. Setting aside these cards helps to avoid giving information on methods that are not relevant to the client's needs. If pregnancy cannot be ruled out, the provider skips to Steps 12 to 19 to discuss STI/HIV transmission and prevention, risk assessment, dual protection, and HIV C&T. Then the client is given a back-up method, such as condoms, and asked to return when she has her menstruation.

- **Method Choice Stage:** During this stage, the provider offers more extensive information about the methods that have not been set aside, including their effectiveness. This helps the client select a method suited to her/his reproductive needs. Following the steps in the BCS+ algorithm, the provider continues to narrow down the number of counseling method cards until a method is chosen.

- **Post-Choice Stage:** During this stage, the provider uses the method brochure to give the client complete information about the method that s/he has chosen. If the client has conditions where the method is not advised or is not satisfied with the method, the provider returns to the Method Choice Stage to help the client select another method. The provider also encourages the client to involve their partner(s) in decisions about contraception, either through discussion or a visit to the clinic.

- **STI/HIV Prevention, Risk Assessment, and Counseling and Testing Stage:** During this stage, the provider uses the four remaining counseling cards to discuss STI/HIV transmission and prevention, conduct a risk assessment, define dual protection, and discuss and offer the client opportunities for HIV C&T. If the client is willing to be tested, the provider encourages the client to disclose their STI/HIV status to their partner(s), and lets the client know both the benefits and risks of disclosure. Then the provider gives follow-up instructions, the method brochure and condom brochure, emphasizing dual protection.

**What is included in this toolkit?**

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

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

2. **BCS+ job aids,** including:
   - **The BCS+ algorithm** that summarizes the 19 steps recommended to implement the BCS+ during a family planning counseling consultation. These steps are organized under four stages of the consultation: pre-choice needs assessment;
method choice; post-choice actions; and STI/HIV prevention, risk assessment, and counseling and testing. During each stage of the consultation, the provider is given step-by-step guidance on how to use the BCS+ job aids. Depending on the client’s response to the issues discussed, the algorithm outlines which actions to take. The BCS+ algorithm can be found in the BCS+ User’s Guide as well as separately with the other job aids in the toolkit.

- **Counseling cards** that the provider uses during a counseling session. There are 19 counseling cards. The first card contains 6 questions that the service provider asks to rule out whether a client is pregnant (adopted from those developed by Stanback et al. 1999). There are 14 method-specific cards that contain information about each family planning method. Each method card has an illustration of the contraceptive method on the front side of the card. The back of the card contains a list of 5 to 7 key features of the method and describes the method’s effectiveness. These cards are used to first exclude those methods that are inappropriate for the client’s reproductive intentions and then to narrow down the choice to reach a final decision. Four counseling cards provide information on STI/HIV transmission and prevention, risk assessment, dual protection, and HIV C&T that are used during the fourth stage of the consultation.

- **Method brochures** on each of the 14 contraceptive methods. They are designed to help the client better understand the method chosen. The provider gives the client the brochure of the selected method and a brochure with information about condoms to take home. Providers should encourage low-literate or illiterate clients to take the brochure home so that their partner or other trusted friend could review the brochure with them again.

3. **BCS+ Trainer’s Guide** (this document) that supervisors and others can use to train providers on how to use the BCS+.


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

**How should this toolkit be used?**

2. Refer to the BCS+ algorithm as a reminder of the 19 steps needed to implement the BCS+. It is helpful to have it handy on your desk or hang it on a wall so that you can refer to it easily.

3. Use the BCS+ counseling cards to help a client choose a method based on her/his reproductive intentions. Use the first counseling card to rule out whether the client is pregnant. If she is not, use the method cards to help the client choose a contraceptive method best suited to her/his reproductive health intentions by discarding those that are inappropriate. Emphasize dual protection throughout the counseling.

4. Once the client has chosen a contraceptive method, use the corresponding BCS+ method brochure to discuss contraindications to the chosen method. If there are none, review the rest of the brochure with the client to reinforce information about the method chosen and to respond to questions. This helps to ensure that the client understands the method. Give the brochure to the client. S/he can refer to it at home or use it to talk to her/his partner.

5. After clients have selected a method, use the four counseling cards to discuss STI/HIV transmission and prevention, conduct a risk assessment, define dual protection, and talk about and offer HIV C&T.

6. For trainers, use the BCS+ Trainer’s Guide to familiarize health care staff with this new counseling approach and to build their capacity to effectively use the BCS+. The exercises in the trainer’s guide can be given all together in a workshop and/or used separately during staff meetings or on-the-job training during supervisory visits.

7. The three BCS+ job aids, BCS+ User’s Guide, and BCS+ Trainer’s Guide are available as electronic files on the enclosed CD-ROM. Adapt these materials for use in your region or country as needed.

**Why is training service providers on Balanced Counseling Strategy Plus important?**

**Poor provider compliance**

When the original BCS was developed in Peru, health care providers were given an initial 2-day training (16 hours) and a 1-day refresher course 6 months later. An assessment of the use of the BCS revealed that there were significant improvements in quality of care and improved client knowledge of certain methods – if the providers used the job aids. Only 37 percent of the providers trained on how to use the BCS model and job aids actually used them to counsel clients. This was attributed to the shortness of the training and weaknesses in the implementation component of the BCS model (León et al. 2003b; León et al. 2001). Furthermore, the benefits for clients were less marked when the providers received less than the 3-day training.
Much improved provider compliance

When the BCS was adapted for use in Guatemala, special emphasis was placed on the reinforcement of learning through supervision. The 8-hour training included at least 3 hours of role play and was followed up with supervision and retraining. Eight weeks after the initial training, each provider was monitored at least twice a week while s/he counseled clients. The provider was observed during counseling and given feedback as soon as the client left. Three to four counseling sessions were observed during each visit to a provider. An assessment of the BCS in Guatemala showed that as a result of this more supportive training strategy, 70 percent of the service providers trained were found using the job aids in their daily interactions with clients. Consequently, researchers found an improved quality of care among providers who used the BCS model (León et al. 2003a; León et al. 2003c).

Who should use the BCS+ Trainer’s Guide?

Medical officers, supervisors, program managers, or anyone responsible for training health care providers can use this BCS+ Trainer’s Guide. The trainer should be very familiar with using the BCS+ User’s Guide and BCS+ job aids.

How should the BCS+ training be implemented?

The BCS+ can be used as outlined in this manual or introduced in larger training on family planning. For example, in Kenya, training on the BCS+ was offered as one part of a longer training session for family planning providers (degree nurses, registered nurses, and enrolled nurses). Any training on BCS+ should be followed up with periodic refresher training and/or on-the-job training during supervisory visits.

The BCS+ User’s Guide is designed to reinforce training and serve as a reminder of the steps needed to implement the BCS+ model for counseling family planning clients. For optimal implementation of the BCS+ strategy in family planning services, providers should receive the entire training and subsequent refresher training.

The exercises in this BCS+ Trainer’s Guide can be given all together in a workshop, used separately during staff meetings or on-the-job training during supervisory visits, or incorporated into a larger training program. Trainers are encouraged to adapt any of the exercises in this module and/or add other exercises that are helpful for enabling providers to effectively use the BCS+ during family planning consultations. Be sure to allow for sufficient practice time. The importance of repetition for mastering any new skill or methodology cannot be emphasized enough. The success of the BCS+ lies in the provider’s ability to use the BCS+ job aids. Thus, practice should be a priority during any training or supervisory event.
1. Read this entire *BCS+ Trainer’s Guide* to prepare for the workshop. Flag pages that you refer participants to during the training.

2. Then, follow the detailed steps on how to conduct the training provided in this guide. Note that there are more than 3 hours of role plays and practice exercises. It is important to adhere to the suggested timing in this *BCS+ Trainer’s Guide* to ensure sufficient time for practice. Feel free to adapt the exercises to your local situation.

3. Practice using the BCS+ job aids to counsel clients on family planning and HIV C&T. Familiarity with the job aids will enhance your capability as a trainer of the BCS+.

4. Prior to the training, make enough copies of the *BCS+ User’s Guide* and BCS+ job aids to give to each participant in the training. (Note: For optimum results, give participants the original, full-color copy of *The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings* that contains the *BCS+ User’s Guide*, job aids, and *BCS+ Trainer’s Guide*.)

5. Make sure there are enough BCS+ method brochures for providers to use in their practice after the training.

6. *The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings* contains a CD-ROM of all the documents and job aids in the toolkit. Please use it to print more materials, such as the BCS+ brochures or *BCS+ User’s Guide*. You can also photocopy these materials if printing is not an option.

7. As you deliver the training, be sure to keep these facilitation skills in mind:
   - Ask questions frequently. It is important to address any questions about how to use BCS+ job aids as they come up.
   - Use open-ended questions that begin with “how,” “what,” “when,” and “why” to invite discussion and feedback.
   - Handle difficult questions in the following way:
     - Acknowledge the effort of the participant, regardless of the type of question. “That is a good question” is always a good response, no matter how difficult or inappropriate the question may be.
     - Invite the group to answer the participant’s question. This approach also engages the group in the learning process.
– Minimize potential embarrassment for wrong or inappropriate questions by deferring to the break to answer the question. For example, you could say, “That is a good question. Why don’t we talk about it during the break?”

– Defer prolonged discussions that are taking you away from the topic to the break.

Use good observation skills so that you know how well participants are understanding and receiving the training. As you observe how the training is being received, adjust the facilitation to meet participants’ learning needs.

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<tr>
<th>If participants seem:</th>
<th>Try this:</th>
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<tbody>
<tr>
<td>Bored</td>
<td>■ Speed up the pace of the training.</td>
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<td></td>
<td>■ Take a break.</td>
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<tr>
<td></td>
<td>■ Stop talking and invite more participation, such as asking questions or getting participants to practice.</td>
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<td></td>
<td>■ Change your training style: use different training techniques, such as turning off PowerPoint and just talking.</td>
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<td>■ Conduct impromptu practice or small group work.</td>
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<td>Confused</td>
<td>■ Ask questions to clarify participant’s understanding of the topic.</td>
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<td>■ Give examples or demonstrate.</td>
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<td>■ Have others in the group explain the topic.</td>
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<td></td>
<td>■ Have participants practice. Provide hands-on assistance, if necessary.</td>
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<tr>
<td>Sleepy</td>
<td>■ Make sure the room is not too warm or stuffy.</td>
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<td>■ Make sure there is enough light.</td>
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<td></td>
<td>■ Use a variety of training methods and aids.</td>
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<td></td>
<td>■ Conduct impromptu icebreakers.</td>
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<td></td>
<td>■ Take a break.</td>
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<tr>
<td>Inattentive (talking, writing, looking at their watches, shuffling papers)</td>
<td>■ Stop talking and ask questions.</td>
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<tr>
<td></td>
<td>■ Walk among the participants.</td>
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<tr>
<td></td>
<td>■ Have participants practice.</td>
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<tr>
<td></td>
<td>■ Ask others to explain the topic.</td>
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<tr>
<td></td>
<td>■ Speed up the pace.</td>
</tr>
<tr>
<td></td>
<td>■ Change your training technique.</td>
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<tr>
<td>Attentive</td>
<td>Keep going.</td>
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8. **Remember**: Effective training techniques keep participants engaged in the learning process, help trainers assess how the training is being received, and help trainers adjust the training process as needed.
Balanced Counseling Strategy Plus
Training for Family Planning Service Providers

Sample Agenda

8:00 – 8:40 am  Welcome and Telephone Exercise
8:40 – 9:30 am  Background on the Balanced Counseling Strategy Plus
9:30 – 11:00 am Pre-Choice Stage
11:00 – 11:15 am  Break
11:15 – 12:00 pm  Method Choice Stage
12:00 – 12:45 pm  Post-Choice Stage (and Practice)
12:45 – 2:00 pm  Lunch
2:00 – 3:30 pm  STI/HIV Prevention, Risk Assessment, and Counseling and Testing Stage
3:30 – 4:15 pm  Role Play #1
4:15 – 4:30 pm  Break
4:30 – 5:15 pm  Role Play #2
5:15 – 5:30 pm  Next Steps and Closing
Introduction

Total Time: 90 minutes

By the end of this session, participants will:

- Know each other
- Be able to describe why and how the BCS+ was developed

Welcome

Time: 20 minutes

Materials and advance preparation:

- Have flipchart (newsprint) paper and markers available.
- Prepare a flipchart paper with the workshop objective ahead of time.

Instructions

1. Use the following exercise to help participants get to know each other. Feel free to use another icebreaker, if desired.
   a) Divide participants into pairs.
   b) Ask participants to tell their partner something interesting about her/himself that colleagues may not know about them.
   c) Allow a couple of minutes for the first partner to tell her/his story.
   d) After 5 minutes, have the pairs switch roles and ask the other partner to tell something about her/himself.
   e) Allow a couple of minutes for the second partner to relate her/his story.
   f) Once the group is finished (do not let them linger too long), ask each participant to: (1) introduce her/his partner by name and (2) tell one interesting thing about her/him.
   g) You might begin by introducing yourself and telling the group something interesting about yourself.
2. Review the objective of the training:

**By the end of the training, participants will:**
- Be able to use the BCS+ job aids to counsel a client on family planning and HIV C&T

3. **Housekeeping:** Review where the bathrooms are located, whether there will be refreshments, where lunch will be held, and any other housekeeping items.

4. **Ground rules:** Ask participants to suggest any ground rules that they think the group should abide by. Write the ground rules on flipchart paper. (*Note:* If not mentioned by participants, include a ground rule about use of cell phones.)

5. Begin the session with the telephone exercise that follows. This is a fun and participatory exercise to introduce the need for the BCS+. It also involves participants from the outset of the training.

### Telephone Exercise

**Time:** 20 minutes

**Materials and advance preparation:**
- Have flipchart (newsprint) paper and markers available.
- Have 4 to 5 blank sheets of paper available.
- Make a transparency or PowerPoint of Overhead #1 (found on page 13). If an overhead projector or computer and projector are not available, draw the graph from Overhead #1 on flipchart paper.

**Instructions**

**A. Exercise**

1. Ask everyone to stand up and form a semicircle. (Try to find a space in the room not interrupted by the tables and chairs.)

2. Give the first person in the semicircle a blank sheet of paper and a pen or marker. Then give every 4<sup>th</sup> or 5<sup>th</sup> person and the last person in the semicircle the same.

3. Mention that you are going to read something to the first person in the semicircle.

4. Explain that this person will repeat what s/he heard you say to the next person in the line. Subsequently, the next person repeats what s/he heard to the person next to them and so forth, until the information reaches the end of the line.
5. Cover these two rules:
   - Whisper the information to your partner so that others do not hear it.
   - You may only say the information once; you may not repeat it.

6. Ask the participants with the blank sheet of paper to write down exactly what they hear. Here are their rules:
   - They may not ask the person who gave them the information to repeat anything.
   - They must take care not to let anyone see what they write.

7. Remind participants that when it is their turn, they may speak slowly, but they may not repeat the information.

8. Be aware that participants may begin to giggle. Smile and encourage them to be as quiet as possible so that their fellow participants can hear the sentence.

9. Quietly read the following information to the first person in the semicircle. Speak slowly and clearly. Take care that the person cannot see what you are reading.

   **Read this:**
   People remember 25 percent of what they hear; 45 percent of what they hear and see; and 70 percent or more of what they see, hear, and experience on their own.

10. Tell the first person to repeat what s/he heard to the next person and so forth down the line.

11. Remind the participants with the sheet of paper to write down exactly what they hear.

12. Encourage participants to be as quiet as possible so that the receiver of the information can hear what is being said.

13. Wait until the last person in the semicircle has heard the sentence and has written it down on her/his sheet of paper.

14. Read aloud exactly what you (the trainer) read to the first participant.

15. Ask the first person in the semicircle with the sheet of paper to read what s/he wrote on their paper.

16. Going along the semicircle ask the rest of the participants with a sheet of paper to read what they wrote, including the last person in the semicircle.

17. Expect the message to be substantially distorted by the time the last person has read what s/he wrote down.

18. After participants have settled down, ask them to take a seat.
B. Processing exercise

1. Ask why the message got so distorted.

2. Ask how we could have avoided such a distortion of the message. How could it have been improved so that more people would remember it?

3. Write participants’ responses on flipchart paper. If not mentioned, suggest the following:
   - The message could have been shorter.
   - The message could have come with visual aids.
   - The person could have been given printed material to read to remind her/him of the message.

4. Ask whether participants could remember the same message one week from now. (Expect them to say “no.”)

5. Show Overhead #1 of retention rates and ask the following questions:
   - What would it have been like if I (you the trainer) had told you the message using the overhead?
   - If you were given a copy of the overhead to take home, could you remember the message a week from now?
6. Explain that the point of this exercise is for participants to:
   - Reflect on how difficult it is to remember what one hears.
   - Realize that less information enhances learning.
   - Understand the need to reinforce verbal information with written materials.

7. Emphasize the fact that too much information is often given to clients when choosing a contraceptive method.

8. Ask how the inability to remember information could impact the client and his/her use of a contraceptive method. Write responses on the flipchart.

9. Mention that if they, the participants, could not remember the simple message from the exercise we just played, how can we expect family planning clients to remember all the information we give them?

10. Mention that you are now going to discuss the link between the objectives of the telephone exercise and why the BCS+ was developed.

### Background on the Balanced Counseling Strategy Plus

**Time:** 50 minutes

**Materials and advance preparation:**

- Have flipchart (newsprint) paper and markers available.
- Prepare a flipchart paper with the workshop objective ahead of time.
- Have enough copies of the BCS+ Toolkit for each participant in the training. They will need it during the practice sessions and to take home with them to use in the clinic. *(Note: If the entire toolkit is not available, at least make sure there are enough copies of the BCS+ User’s Guide and the BCS+ job aids.)*
- If you have not already done so, review the BCS+ User’s Guide prior to the training and have a copy of the BCS+ Toolkit to use during the training.
- Have flipchart (newsprint) paper and markers available.
- Prepare a flipchart paper or PowerPoint with a summary of the three key findings mentioned in Section A, point #1 on the next page.
- Prepare a flipchart paper or PowerPoint with the definition of a job aid under Section A, point #4 on page 16.
- Prepare a flipchart paper or PowerPoint of the operations research studies mentioned under Section B, point #7 on page 16.
- Prepare a flipchart paper with the list of questions on how to initiate a conversation about HIV mentioned in Section C, point #4 on page 17.
Instructions

A. Balanced Counseling Strategy—the beginning

1. Explain that in the late 1990s, the FRONTIERS Program worked in collaboration with Ministries of Health in several Latin American countries to develop a practical, interactive, and client-friendly strategy for improving counseling within family planning consultations. This was in response to a study to assess providers' compliance with new national guidelines on family planning care. Three main findings emerged: (Note: As you discuss the findings, show the flipchart or PowerPoint prepared beforehand.)

- Providers failed to discuss the client’s wishes.
  - Providers mainly asked medical questions, such as the date of the client's last menstruation.
  - Providers failed to ask the client basic questions about her reproductive intentions—such as whether she wanted more children or whether her partner cooperated in contraceptive use.
  - Information obtained from the client, such as blood pressure, often had limited practical use in the method selection process.

- Providers often gave excessive information.
  - Providers furnished excessive detail on most of the contraceptive methods available at Ministry of Health clinics—whether or not the methods suited the client’s needs.
  - This overloaded clients with more information than they could remember, and they could not use much of it.

- Information provided about the chosen contraceptive method was sparse.
  - Most of the counseling time was spent describing numerous method options. Important information for both provider and client—such as contraindications, side effects, and warning signs related to the chosen method—was neglected.
  - Subsequently, clients interviewed after the consultation knew little about the method they had chosen.

2. Mention that as a result of these findings, the Population Council and the Peruvian Ministry of Health developed and tested an interactive, client-friendly counseling strategy that sought to simplify decision-making and respond more appropriately to the client’s needs and reproductive intentions.

3. Explain that this new family planning counseling approach was called the Balanced Counseling Strategy or BCS. Easy-to-use job aids are a key component of the BCS strategy.
4. Clarify what a job aid is. \textit{(Note: Refer to the flipchart paper prepared beforehand.)}

A job aid is a storage place for information, other than long-term memory, which is accessed in real time on the job.

\textbf{Characteristics of a job aid:}
- More reliable than memory
- Describes the desired on-the-job behavior
- Minimizes trial and error and reduces the amount of recall necessary to perform on-the-job tasks

\section*{B. Balanced Counseling Strategy Plus}

1. Mention that current efforts by family planning services to fight against STI/HIV have been mostly limited to education on risk reduction, STIs, encouraging use of condoms, and providing family planning choices to infected clients to avoid unwanted pregnancy.

2. Bring up the fact that HIV C&T in many African countries is often limited to antenatal care settings and a few stand-alone centers.

3. Explain that the large portion of sexually active women using family planning provides an opportunity for providers to integrate information about other services.

4. Point out that in response to the need to incorporate counseling, screening, and services for STIs, including HIV, within routine family planning consultations in settings characterized by high prevalence of these infections, the original BCS was revised to integrate HIV prevention counseling, risk assessment, and C&T.

5. Mention that the FRONTIERS Program developed and piloted the BCS+ through operations research studies in Kenya (2005 to 2007) and South Africa (2004 to 2006). Both countries have high rates of STIs, including HIV, and their contraceptive prevalence rates are relatively high for the region.

6. Explain that the Ministries of Health in each country were keen to develop practical tools for increasing the quality of services and numbers of clients receiving integrated services.

7. Point out the key findings of the operations research studies conducted in Kenya and South Africa on the use of the BCS+. \textit{(Note: Show overhead or flipchart of these findings as you discuss.)}
   - Integrating STI/HIV prevention counseling and risk assessment with offering HIV C&T during family planning consultations is feasible and acceptable to clients and providers.
   - The quality of care for both family planning and STI/HIV counseling improved significantly with the use of the BCS+ tools.
Counseling on HIV C&T increased substantially. In Kenya, more than 40 percent of clients were offered C&T services, with almost half of these deciding to be tested, either on site or through referral. In South Africa, those offered testing increased to 29 percent. Furthermore, an overall increase in testing was observed in the district with a doubling of individuals tested.

Use of the BCS+ tools facilitated greater risk assessment for STIs and HIV. Also, decisions about contraceptive method choice were made with a better understanding of their relationship to infection prevention.

Despite the concern that adding these services may have a negative impact on the family planning service, improved quality of counseling and no evidence of a decline in utilization showed that this concern was unfounded.

C. Integration

1. Explain that when encouraging family planning clients to know their status and take an HIV test, the conversation will be different from your usual family planning session.

2. Point out that for someone to be motivated to take an HIV test, they must believe they have been or are at risk. They also need to understand what HIV is and how it is transmitted.

3. Explain that it can be difficult to begin a conversation about HIV with a client because you will need to ask very personal questions.

4. Review the following list of questions that might be used when talking to a client and review them with participants. *(Note: Have these questions prepared on flipchart beforehand. Feel free to adjust the questions as needed.)*

   - Have you ever talked to your partner about family planning?
   - Have you ever talked to your partner about your sexual life in general?
   - Do you have other sexual partners?
   - How many sexual partners have you had in the past?
   - Do you ever use condoms?
   - Have you ever used any form of contraception in your sexual relationships? Which ones? How often? How does your partner feel about it?
   - Have you ever talked to your partner about STIs or HIV?
   - To your knowledge, have you or any of your past or current partners ever had an STI?
   - Have you ever been tested for HIV?
   - Has your partner ever been tested for HIV?
   - How likely do you think it is that you may be at risk for STIs or HIV? How likely do you think it is that your partner could be at risk for STIs or HIV?
Do you think you or your partner may have an STI now? Do you have any symptoms that worry you?

Has anyone ever been violent with you and demanded sex?

Has anyone ever forced you to have sex?

5. Ask participants to pair up and ask each other some of the questions. Have them note which questions they feel uncomfortable asking or answering.

6. Remind participants that discussing sex can be an uncomfortable experience, even for health professionals.

7. Point out that in order for clients to understand HIV, recognize their sexual behavior, and believe they are at risk and ask to be tested, we must have these conversations about sex and be confident doing so.

8. Mention that to reduce the stigma around HIV we must begin to talk more freely about sex and sexual health.

D. The Balanced Counseling Strategy Plus Toolkit

1. Ask participants to open their copy of The Balanced Counseling Strategy Plus: A Toolkit for Family Planning Service Providers Working in High STI/HIV Prevalence Settings. Allow them a minute or so to open the package and look at its contents.

2. Review the contents of the toolkit. If the entire toolkit is not available, review the BCS+ job aids and BCS+ User’s Guide and describe the following:

- **BCS+ User’s Guide** on how to implement the BCS+. It is a detailed explanation of the 19-step BCS+ algorithm.

- **The BCS+ algorithm** that summarizes the 19 steps recommended to implement the BCS+ during a family planning consultation. These steps are organized under four stages of the consultation: pre-choice needs assessment; method choice; post-choice actions; and STI/HIV prevention, risk assessment, and counseling and testing. During each stage of the consultation, the provider is given step-by-step guidance on how to use the BCS+ job aids. Depending on the client’s response to the issues discussed, the algorithm outlines which actions to take.

- **Counseling cards** that the provider uses during a counseling session. There are 19 counseling cards. The first card contains 6 questions that the service provider asks to rule out whether a client is pregnant. There are 14 method-specific cards that contain information about each family planning method. Each method card has an illustration of the contraceptive method on the front side of the card. The back of the card contains a list of 5 to 7 key features of the method and describes the method’s effectiveness. These cards are used to first exclude those methods that are inappropriate for the client’s reproductive intentions and then to narrow down the choice to reach a final decision. Four counseling cards provide information on STI/HIV transmission and prevention, risk assessment, dual protection, and HIV C&T that are used during the fourth stage of the consultation.
■ **Method brochures** on each of the 14 contraceptive methods. They are designed to help the client better understand the method chosen. The provider gives the client the brochure of the selected method and a brochure with information on condoms to take home. Providers should encourage low-literate or illiterate clients to take the brochure home so that their partner or other trusted friend could review the brochure with them again.

3. Point out that the BCS+ job aids and BCS+ User’s Guide incorporate the latest international family planning and STI/HIV norms and guidance as recommended by the WHO.

4. Explain that participants should refer to the BCS+ User’s Guide when they need details on how to use the BCS+. The BCS+ User’s Guide is more comprehensive than the BCS+ algorithm.

5. Ask whether there are any questions before proceeding.

6. Mention that participants are now going to learn how to implement the BCS+ using the BCS+ job aids.
**Pre-Choice Stage**

**Total time:** 90 minutes

**By the end of this session, participants will:**
- Be able to counsel a family planning client on the BCS+ pre-choice stage

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**Values Clarification**

**Time:** 20 minutes

**Materials and advance preparation:**
- Have flipchart (newsprint) paper and markers available.
- Have list of value statements ready to read aloud to participants. Feel free to add to or subtract from the value statements under sentence #5.

**Instructions**

**A. Pre-choice stage**

1. Explain that our values form a fundamental part of our being and, as such, have an effect on how we behave both personally and professionally.

2. Point out that it is important to be aware of our values regarding health and sexual health matters and keep them in check so that they do not affect our work professionally.

3. Mention that you are going to read some statements and after each one vote whether you agree with it or not. Then we will discuss the statements as a group.

4. Point out that there are no “right” or “wrong” answers with values.

5. Read the statements, one at a time, and have the group vote on them.

- It is acceptable for someone to have more than one sexual partner at a time.
- It is more acceptable for men to have multiple sexual partners than for women to have multiple sexual partners.
- People who don’t use condoms can only blame themselves for getting HIV.
- Health care providers have the right to know the HIV status of their patients.
- A woman who knows she is infected with HIV should not have a baby.
- Oral sex should be encouraged to reduce risk of HIV.
- Children should be taught about HIV as young as possible.
- Teenage girls should be discouraged from using family planning.
Educating parents about condoms will help protect teenagers from HIV.
Most uneducated women are incapable of making their own decisions about their sexual and reproductive life.

6. Once you have discussed the above-mentioned statements and how they might affect their behavior with clients, encourage a discussion about how to respect the values of others despite one's own values. (*Note:* Write responses on flipchart.)

7. Point out that providers must be aware of their own beliefs and avoid imposing them on their clients.

### Steps 1 to 4

**Time:** 45 minutes

**Materials and advance preparation:**
- Have flipchart (newsprint) paper and markers available.
- Make sure all participants have a copy of the *BCS+ User’s Guide* and counseling cards.

**Instructions**

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

1. Ask participants to open their *BCS+ User’s Guide* and go to **Step 1**. Review the following actions that help to accomplish Step 1.
   - Establish a formal but friendly manner.
   - Call the client by her/his name.
   - Demonstrate interest in what the client tells you.
   - Establish eye contact with the client.
   - Listen to and answer her/his questions.
   - Show support and understanding without judgment.
   - Ask questions to encourage participation in the discussion.
   - Ask whether the client would like a family planning method. If so, rule out pregnancy as described in **Step 2**.

2. Ask participants whether there are other actions that are good for establishing a warm and cordial relationship. (*Note:* Write responses on flipchart.)
**Step 2: Rule out pregnancy using the pregnancy checklist card with 6 questions.**

1. Explain that it is important to rule out the possibility of the client being pregnant before proceeding with a family planning consultation. Pregnancy is a contraindication for most methods except barrier methods such as condoms.

2. Ask participants to take out their BCS+ counseling cards and locate the pregnancy checklist card for ruling out pregnancy.

3. Review the 6 questions on the card:
   - 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?

4. Refer participants to the table below, which also appears in the BCS+ User’s Guide, and review which actions to take based on how a client answers each of the 6 questions.

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

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

1. Display all of the method cards as shown in Figure 1 of the BCS+ User’s Guide. These are grouped by method type (temporary, fertility awareness, and permanent).

2. Mention that before narrowing down a client’s method choices, the provider should first ask whether a client has a method in mind.
3. Refer participants to the table below in the BCS+ User’s Guide and review what to do as the client responds to the question, “Do you have a particular method in mind?”

<table>
<thead>
<tr>
<th>If the client:</th>
<th>Do this:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Says “No”</td>
<td>Continue to <strong>Step 4</strong>.</td>
</tr>
<tr>
<td>Says “Yes”</td>
<td>1) Ask what the client knows about the method.</td>
</tr>
<tr>
<td></td>
<td>2) If the information is correct, go to <strong>Step 7</strong>.</td>
</tr>
<tr>
<td>Gives incomplete information about the method s/he has chosen</td>
<td>1) Correct any misinformation.</td>
</tr>
<tr>
<td>Or</td>
<td>2) If necessary, go to <strong>Step 4</strong> to help the client choose a method.</td>
</tr>
<tr>
<td>Does not know other alternatives that might be more convenient</td>
<td></td>
</tr>
</tbody>
</table>

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

1. Point out that this step is the heart of the BCS+ model. Refer participants to Step 4 in the BCS+ User’s Guide.

2. Explain that there are four key questions under Step 4. These questions help the provider identify a client’s reproductive intentions. They also help the client choose the family planning method that best suits her/his intentions.

3. Mention that participants may want to begin the process by saying something like this to the client, “Now we are going to discuss your contraceptive needs. We will narrow down the number of methods that might be best for you. Then, I will discuss the key features of each method with you. This will help us to find the right method for your needs.”

4. As you explain this step, demonstrate with a participant how to ask the questions and set aside the counseling cards. Select a participant from the group (or use a co-trainer) and give her/him the following script:

   You are a 28-year-old woman who has three children. You gave birth to a baby 5 months ago. You are breastfeeding your baby. You are tired and do not want to have more children for a while. Your husband is not very cooperative when it comes to family planning. He does not want anything to interfere with having sex when he wants it. You have used spermicides in the past. Their failure resulted in pregnancy with your third child. You are interested in a method that you can use without your husband noticing.

5. Refer participants to the table under Step 4 in the BCS+ User’s Guide and have them follow along.

6. Begin with the question: “Do you wish to have children in the future?”
7. Demonstrate keeping or setting aside the method cards per the instructions in the table below.

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

8. Ask the next question: “Are you breastfeeding an infant less than 6 months old?”

9. Demonstrate keeping or setting aside the counseling cards per the instructions in the table below.

<table>
<thead>
<tr>
<th>If:</th>
<th>Do this:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Yes”</td>
<td>1) Set aside the combined oral contraceptives (the Pill) and combined injectable contraceptive (CIC) cards.</td>
</tr>
<tr>
<td></td>
<td>2) Explain that the hormones in these methods affect breastfeeding.</td>
</tr>
<tr>
<td>“No” — Or —</td>
<td>Woman has begun monthly menstrual bleeding again.</td>
</tr>
<tr>
<td></td>
<td>1) Set aside the lactational amenorrhea method (LAM) card.</td>
</tr>
<tr>
<td></td>
<td>2) Explain that LAM is not suitable for women who are having menstrual bleeding again.</td>
</tr>
</tbody>
</table>

10. Ask whether there are any questions so far.

11. Ask the next question: “Does your partner support you in family planning?”

12. Demonstrate keeping or setting aside the counseling cards per the instructions in the table below.

<table>
<thead>
<tr>
<th>If:</th>
<th>Do this:</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Yes”</td>
<td>Continue with the next question.</td>
</tr>
<tr>
<td>“No”</td>
<td>1) Set aside the following cards: Standard Days Method® and TwoDay Method®.</td>
</tr>
<tr>
<td></td>
<td>2) Explain that these require partner cooperation.</td>
</tr>
<tr>
<td></td>
<td>3) Invite the client to bring her/his partner to a counseling session to discuss family planning with a provider.</td>
</tr>
<tr>
<td></td>
<td>4) Point out that male and female condoms also require partner cooperation, but they are important for protecting against STIs, including HIV.</td>
</tr>
<tr>
<td></td>
<td>5) Continue with the next question.</td>
</tr>
</tbody>
</table>
13. Ask the last question: “Are there any methods that you do not want to use or have not tolerated in the past?”

14. Demonstrate keeping or setting aside the counseling cards per the instructions in the table below.

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

**Practice (25 minutes)**

1. Have participants conduct a short role play to practice the BCS+ pre-choice stage using Steps 1 to 4.
   a) Ask participants to pick a partner, preferably someone sitting next to them.
   b) Have one person in the pair play the “service provider,” and the other person play the “client.”
   c) Ask the person playing the provider to use the counseling cards to go through the BCS+ pre-choice stage.
   d) Ask the person playing the “client” to think of a family planning client they counseled recently and to play that role when their partner asks the pre-choice questions.
   e) Tell the person playing the provider that after Step 4 they should hold on to the remaining method cards that have not been set aside during the role play.
   f) Remind the “provider” to use good counseling skills.

   **Note:** As participants conduct the role play, walk around to observe and gently correct, if needed.

   g) Allow about 10 minutes for this role play.
   h) After 10 minutes, ask participants to switch roles. Allow about 10 minutes for the second role play.
   i) Be sure to ask the participant playing the provider to hold on to any remaining method cards that have not been set aside.

2. Ask whether participants have any questions. Address all comments and questions before proceeding.
3. Remind participants that the BCS+ was developed in response to the finding that providers were giving clients too much information on all the methods. They did so regardless of whether the method was relevant to the client's needs or reproductive intentions.

4. Mention that the method cards remaining from their role play are an example of how to narrow down contraceptive methods that are more suitable to a client’s needs and intentions.

5. Explain that this helps to reduce the amount of information we give clients. It also helps improve retention and recall of information. Remind participants of the telephone game.
Method Choice Stage

**Total time:** 45 minutes

**By the end of this session, participants will:**
- Be able to counsel a family planning client on the BCS+ method choice stage

**Steps 5 to 7**

**Time:** 30 minutes

**Materials and advance preparation:**
- Make sure participants have their BCS+ method brochures.

**Instructions**

1. Ask participants to look at the back of the method cards that were **not** set aside during their role play.

2. Review the section on method effectiveness, pointing out:
   - The written description of the method’s effectiveness
   - The number on the lower left-hand side of the card that also represents the effectiveness

3. Explain that method effectiveness is measured in the number of pregnancies among 100 women in the first year of using the method.

4. Point out that the lower the number, the more effective the method. The lower number means that there are fewer pregnancies occurring among 100 women using that method per year.

5. Point to the method effectiveness information on the Tubal Ligation and TwoDay Method counseling cards as examples. Refer participants to Figure 3 in the BCS+ User's Guide.
Example of method cards showing effectiveness for preventing pregnancy

**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%)
  - More than 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 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®**

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%)

4 – 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 to track 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.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- Does not protect against sexually transmitted infections (STIs), including HIV.
- Requires partner’s cooperation.

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

1. Point out point out the 5 to 7 features of the method located on the right of the information on method effectiveness.

2. Ask participants to arrange the remaining method cards in order of their level of effectiveness. The cards should go from the lowest number to the highest number of effectiveness.
3. Demonstrate how to display the cards with the lowest numbers of effectiveness first and the highest numbers last.

4. Explain that beginning with the card with the lowest number, the provider reviews with the client the 5 to 7 features of each of the remaining method cards.

5. Explain that in this way, the provider is giving information only on family planning methods that are relevant to the client's needs and reproductive intentions.

6. Point out that by beginning with the card with the lowest number the provider discusses the most effective method first.

7. Emphasize that condoms (male or female) are the only method that offers dual protection: protection against pregnancy and STIs, including HIV. Emphasize the following:
   a) Male and female condoms significantly reduce the risk of infection with STIs, including HIV, when used correctly and consistently with every act of sex.
   b) When used correctly and consistently, condom use prevents 80 percent to 95 percent of HIV transmission that would have occurred without the use of condoms.
   c) Condoms reduce the risk of becoming infected with many STIs when used consistently and correctly:
      – Protect best against spread of STIs by discharge, such as HIV, gonorrhea, and chlamydia.
      – Also protect against spread of STIs from skin-to-skin contact, such as herpes and human papillomavirus.

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

1. Mention that, at this point, the provider asks whether the client has any questions, doubts, or comments about the methods discussed.

2. Explain that after answering any questions, the provider asks the client to choose a method from the method cards that have been discussed.

3. Emphasize that once the method is chosen a provider should not take the method cards off the table. S/he may need them again if there are conditions where the method is not advised for the client, or the client may change her/his mind.

4. Mention that if the client does not like any of the methods discussed or cannot make up her/his mind, give the client a method to use until s/he decides and go to **Step 12**.

5. Point out the importance of not letting a client leave empty-handed. Condoms can provide dual protection until the client has selected another method.

6. Ask whether participants have any questions or comments. Be sure to answer all questions before proceeding to **Step 7**.
**Step 7: Using the method-specific brochure, determine whether the client has any conditions for which the method is not advised.**

1. Explain that the provider selects the brochure of the method chosen by the client. Let’s pretend that it is the Pill.

2. Point out that before reviewing any other information in the brochure, the provider first reviews the “Method not advised if you” section of the brochure. For the Pill, it would be:
   - Are breastfeeding an infant less than 6 months of age.
   - Smoke cigarettes and are 35 years old or older.
   - Have high blood pressure.
   - Have certain uncommon, serious diseases of the heart, blood vessels, or liver, or breast cancer. Discuss with your provider.
   - Have gall bladder disease. Discuss with your provider.
   - Have migraine headaches (a type of severe headache) and are 35 years old or older.
   - Have migraine aura (sometimes seeing a growing bright spot in one eye) at any age.
   - Take medicine for seizures or take rifampicin.

3. Explain that it is important to review this section first to determine whether the client has a condition for which the method chosen is not advised. If so, there is no need to give further information. The client will need to select another method.

4. Encourage providers to ask probing questions to make sure that the client does not have any contraindications for using the chosen method.

5. Refer participants to the table below and in the BCS+ User’s Guide and review how the provider decides whether to provide the method or return to a previous step.

<table>
<thead>
<tr>
<th>If the client:</th>
<th>Do this:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has no conditions</td>
<td>Go to Step 8.</td>
</tr>
<tr>
<td>Has any condition</td>
<td>1) Explain the need to choose another method. 2) Return to Step 5.</td>
</tr>
<tr>
<td>Has any condition and reached this step from Step 3 (already had a method in mind)</td>
<td>1) Explain the need to choose another method. 2) Return to Step 4.</td>
</tr>
</tbody>
</table>

**Practice (15 minutes)**

1. Ask participants to turn to their partner and explain Steps 5 to 7. They do not need to role-play, just explain the process.

2. After about 7 to 8 minutes, ask them to reverse roles and have the listener explain Steps 5 to 7.
Post-Choice Stage (and practice)

**Total time:** 45 minutes

**By the end of this session, participants will:**
- Be able to counsel a family planning client on the BCS+ post-choice stage

**Steps 8 to 11**

**Time:** 20 minutes

**Materials and advance preparation**
None

**Instructions**

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

1. Explain that at this point, the client has selected a method and does not have any conditions for which the method is not advised. The client is now ready to hear more about the method chosen.

2. Mention ways to begin the conversation, such as, “Mrs./Mr. [name], this brochure is for you to take home. Before you go, I would like to review the information with you.”

3. Use the BCS method brochure on the Pill to demonstrate how a provider reviews the following information in the method brochure with a client:
   - General information (This is the same information as on the BCS+ counseling card.)
   - How method works
   - Important facts (about the method)
   - Method not advised if you
   - Side effects
   - Health benefits (if applicable)
   - How to use
   - Follow-up (if applicable)
   - When to return to the health care facility

4. Explain that after the provider discusses the information in the method brochure, s/he gives the brochure to the client. S/he encourages the client to review the brochure again at home and when s/he needs to remember anything about the method.
What if methods are not available?

1. Ask participants what they would do if methods such as the IUD, tubal ligation, and/or vasectomy were not offered in your health care facility.

2. Review the following, if not mentioned by participants:
   - Still talk to the client about these methods (if they meet the client’s reproductive intentions).
   - Give the client the brochure of the method chosen.
   - Refer the client to a facility or commercial outlet where s/he can obtain the method.
   - Provide the client with an alternative, suitable method until s/he can obtain the method of choice.

3. Reinforce the importance of never letting a client go away empty-handed. This may be her/his first and/or only consultation. It is important to respond to a client’s needs even if you do not have the method on hand.

4. Review what to do if a client selects a method that is temporarily unavailable (out of stock).
   - Give the client a brochure of the method chosen.
   - Refer the client to another facility or commercial outlet for the method.
   - Provide the client with a back-up method until s/he can obtain the method of choice.
   - Ask client to return to the facility when the method is in stock.

5. Ask whether there are any questions or comments. Answer all questions before proceeding.

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

1. Explain that it is important to make sure the client understands the method s/he has chosen. Comprehension is key to effective use of the method and maintaining the client’s health.

2. Mention that a provider can validate the client’s understanding of the method by asking her/him to answer the following questions in her/his own words. The client may refer to the brochure.
   - How do you use the method you have chosen?
   - What side effects might you experience with the method?
   - Can the method protect you against getting an STI, including HIV?
   - What are the signs indicating when you should return to the health care facility?

3. The provider should assure the client that it is fine if s/he cannot remember all the details of the method. Make sure the client can find the information in the brochure.

4. Remember to ask the client whether s/he has any questions. Reinforce the basic information on the method chosen, as needed.
Step 10: Make sure the client has made a definite decision. Give her/him the method chosen and/or a referral and back-up method, depending on method selected.

1. Explain that providers should ask the client if her/his choice is a definite one. Make sure the client is happy with the method.

2. Refer participants to the table below and in the BCS+ User’s Guide and review what to do based on the client’s responses.

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

3. Emphasize the importance of not letting the client leave empty-handed. If a method is not available, make sure the client has a back-up method, a referral, and the BCS+ brochure on condoms.

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

1. Ask participants the ways in which a client can involve their partner in contraception.

2. If not mentioned by participants, review the following:
   - Partner can remind you of the time to take your method, if taking a method regularly, and follow up dates.
   - You can negotiate condom use to prevent STI, including HIV.
   - You can discuss your plans to have children, whether you are HIV positive or negative.
   - You can let him know that prevention of mother-to-child transmission (PMTCT) during pregnancy can reduce transmission of HIV to babies.
   - S/he can support you if you need wellness or HIV services (antiretroviral therapy [ART] and wellness sites).

3. Encourage participants to adapt this list based on what works for them and their clients.
**Practice** (25 minutes)

1. Ask participants to pair up with same partner.

2. Have one person in the pair play the “service provider,” and the other person play the “client.”

3. Explain that the provider will help the client to select a method following Steps 5 to 11 and using the method cards and method brochures.

4. Ask the person playing the “client” to think of a contraceptive method s/he plans to use and whether or not s/he will have a condition for which it is not advised.

5. If the “client” decides to have a contraindication to the first method chosen, be sure to have another method in mind to allow the service provider to discover what that method is.

6. Explain that the person playing the “service provider” may refer to Steps 5 to 11 in the BCS+ algorithm as support. Remind them to use good counseling skills.

7. Allow about 10 minutes for this role play. Then, ask the pairs to switch roles and repeat the process.

8. Allow about 10 minutes for the second role play.

**Note:** As participants conduct the role play, walk around to observe and gently correct, if needed.

9. After the second role play, ask participants for comments and questions. Address them all before proceeding.
STI/HIV Prevention, Risk Assessment, and Counseling and Testing Stage

**Total time:** 90 minutes

**By the end of this session, participants will be able to:**

- Identify the level of HIV risk that various behaviors carry with them
- Counsel clients on HIV prevention, risk reduction, and dual protection
- Counsel clients on HIV C&T

**HIV Risk Assessment Exercise**

**Time:** 20 minutes

**Materials and advance preparation:**

- In large letters, print each of the following titles on cards (or pieces of paper), one title per card: **Higher Risk**, **Medium Risk**, **Low Risk**, and **No Risk**.
- Tape the signs (Higher Risk, Medium Risk, Low Risk, and No Risk) high on the wall.
- In clear, large letters, print each of the following sexual behaviors (or other behaviors applicable to your area or client population) on index cards (or pieces of paper), one behavior per card:
  - Abstinence
  - Masturbation
  - Vaginal sex without a condom
  - Vaginal sex with a condom
  - Hugging a person with HIV/AIDS
  - Kissing
  - Dry sex without a condom
  - Massage
  - Performing oral sex on a man without a condom
  - Performing oral sex on a man with a condom
  - Performing oral sex on a woman without a dental dam
  - Performing oral sex on a woman with a dental dam
  - Infant breastfeeding from an HIV-infected mother
  - Anal sex without a condom
  - Anal sex with a condom

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1This exercise was adapted from the curriculum titled: Men As Partners: A Program for Supplementing the Training of Life Skills Educators (Engenderhealth and Planned Parenthood Association of South Africa’s 2001)
**Instructions**

1. Inform participants that they are going to complete an activity that looks at the behaviors that carry risk for contracting HIV.

2. Place the sexual behavior cards face down in a stack. Ask participants to pick a card and place it on the wall under the appropriate risk category (Higher Risk, Medium Risk, Low Risk, or No Risk) with respect to HIV transmission. *(Note: Give participants some tape to affix the card on the wall under the appropriate sign.)*

3. Once all the cards are on the wall, ask participants to review where the cards have been placed. Then ask participants to state whether they:
   - Disagree with the placement of any of the cards
   - Do not understand the placement of any of the cards
   - Had difficulty placing any of the cards

4. Begin by asking participants why they think the card was placed in a certain category. Discuss the placement of selected cards, particularly those that are not clear-cut in terms of risk, or cards that are clearly misplaced. Consult the correct answers on the next page if you are unsure about where a certain behavior belongs.

5. Ask participants to look at the behaviors in the Low Risk and No Risk categories. Ask the group to identify other behaviors that could fit in these categories. Point out that some pleasurable sexual behaviors involve low or no risk.

6. Conclude by emphasizing that risk depends on the context of the behavior and other factors, such as:
   - Gender
   - Whether or not the partner is infected
   - Whether or not the partner is the “giver” or “receiver” of the sexual behavior
   - The difficulty of knowing whether or not one’s partner is infected

7. Remind participants that they need to consider their values when talking about STI/HIV so that they do not impose their own values on others.
**Correct Answers**

**No Risk**
- Abstinence
- Masturbation
- Hugging a person with HIV/AIDS
- Kissing
- Massage

**Low Risk**
- Vaginal sex with a condom
- Performing oral sex on a man with a condom
- Performing oral sex on a woman with a dental dam

**Medium Risk**
- Performing oral sex on a man without a condom
- Performing oral sex on a woman without a dental dam
- Infant breastfeeding from an HIV-infected mother
- Anal sex with a condom

**Higher Risk**
- Vaginal sex without a condom
- Anal sex without a condom
- Dry sex without a condom

**Steps 12 to 19**

**Time:** 70 minutes

**Materials and advance preparation:**

None

**Instructions**

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

1. Explain that this is the first part of integrating C&T for STIs/HIV into the family planning session.

2. Refer to the counseling card on STI/HIV Transmission and Prevention. Review the following points that providers can use to discuss STIs/HIV with the client:
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).

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

1. Explain that at this stage, the provider should explore what the client knows about STIs, HIV, and AIDS in order to correct any misinformation, fill in gaps, and answer questions.

2. Ask participants to refer to the BCS+ counseling card on STI/HIV Risk Assessment. It contains the following points that a provider discusses with the client to help him/her perceive their risk of STI/HIV:

   - Number of sexual partners, both currently and in the past.
   - Knowledge of partner’s sexual practices and past partners.
   - Type of sex or sexual activities and behaviors you are practicing (e.g., mutual monogamy, whether partner has other sexual partners, oral sex, anal sex, dry sex, or use of detergents and/or spermicides).
   - Current symptoms/treatment of STIs and history of previous STI Infections, symptoms, and treatment for self and partner(s).
   - HIV status and HIV status of partner(s).
   - Past and present condom use (including perception of partner’s attitude) and whether you are aware that condoms protect against both STIs/HIV and pregnancy.
   - Home life situation (e.g., partner violence and social supports).
   - Using PMTCT services during pregnancy, delivery, and breastfeeding.

3. Ask participants whether they have any questions about the STI/HIV risk assessment or the above-mentioned points.
4. Explain that at this point the provider has an opportunity to correct misinformation, fill in the gaps, and answer any questions.

5. Mention that once the provider has a clearer picture of the client’s sexual risks and social context, s/he can help the client make a plan to reduce risk using any of the following strategies:
   - Reducing the number of sexual partners.
   - Using a condoms (male or female) correctly and consistently with every act of sex. Condoms are the only method that protects against STIs, including HIV.
   - Making condoms available to your partner and encouraging 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 procedures involving the genital tract in a clean, aseptic environment.
   - Practicing dual protection.
   - Knowing your HIV status.

6. If the client has an STI, treat her/him syndromically according to national guidelines or refer her/him for tests, if available.

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

1. After discussing STI/HIV risk reduction strategies, use the Dual Protection counseling card to explain dual protection strategies to the client.

2. Discuss the various dual protection strategies on the counseling card:
   - Using a male or female condom correctly and consistently with every act of sex. This one method protects against STIs and pregnancy.
   - Using condoms consistently and correctly plus another family planning method. This provides added protection against pregnancy in case of method failure.
   - If both partners definitely know they are not infected, using any family planning method to prevent pregnancy and staying in a mutually faithful relationship. This depends on good communication and trust between partners.
   - Engaging only in safer sexual intimacy that prevents semen and vaginal fluids from coming in contact with each other’s genitals or other vulnerable areas, such as the mouth and anus.
   - Delaying or avoiding sexual activity, especially with a partner whose STI/HIV status is not known.

3. Ask whether participants have any questions about the dual protection strategies. Answer all questions before proceeding.
4. Explain that after a provider discusses dual protection, s/he should offer the client condoms, if available. If not, providers should tell clients where to get them.

5. Point out that providers also should show the client how to properly use a condom.

6. Demonstrate how to use a condom in front of the class. If participants are comfortable with condoms, have one of them demonstrate how to use it.

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

1. Explain that at this point the provider discusses the client’s perception of her/his risk for HIV and explores the client’s decision of whether or not to test.

2. Point out that when initiating a conversation about HIV C&T, emphasize to the client that prevention, early detection, and prompt management of HIV are beneficial to them, their partner(s) and family, and the community at large.

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

4. Explain to participants that testing for HIV is often a very scary thing for individuals. Many people who know they should test do not do it out of fear and other reasons.

5. Point out that as providers, you should be able to respond to the fears, excuses, and arguments that clients will put forward as to why they will not or cannot test.
6. Explain that the next step is to ask whether the client is willing to be counseled and tested for HIV during the consultation.

**Remember:** Testing is voluntary and must be done with informed consent. No matter how much you believe the person should test, they must make the decision. If they are sure they do not want to test, do not push too hard or they may not return. Accept their position for now and have a similar discussion on their next visit. Some people need more time than others.

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

1. Emphasize to the client that prevention, early detection, and prompt management of STIs, including HIV, are beneficial to them, their partner and family, and the community at large.

2. Discuss and offer the client opportunities for HIV C&T.

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

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

1. Ask participants to name the benefits of disclosing one's HIV status. List responses on a flipchart.

2. If not already mentioned, add any of the following:
   - Get support from their spouse, family, and health center.
   - Better plan and make appropriate decisions about HIV care and support and family matters.
   - Get early access to medicine and support that keeps them healthy and alive.
   - Save an HIV-negative partner's and unborn child's life by not infecting them.
   - Better negotiate condom use with their partner to prevent them from being infected.
   - Avoid exposure from repeated infections that will compromise their health.
3. Ask participants to name the risks of disclosure. List responses on a flipchart.

4. If not already mentioned, add any of the following:
   - Stigmatization and discrimination from family, friends, and community
   - Abuse from spouse
   - Divorce from spouse

5. Point out that providers should be prepared to offer resources, if available, for HIV-positive clients who face abuse or a difficult family situation because of their status.

6. Emphasize that it is important for providers to offer to help a client disclose her/his status to their partner in a safe environment when the client is ready to do so.

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

1. Remind participants that the provider should summarize the key points mentioned during the consultation.

2. Explain that the provider then gives the client follow-up instructions for the method chosen along with the corresponding method brochure.

3. Mention that the provider also gives the client a brochure on condoms, reiterating the fact that only condoms provide dual protection against both STIs and unintended pregnancy.

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

1. Mention that providers may need to give the client a follow-up appointment, depending on the method provided.

2. Review some of the reasons why a client should return to the clinic, for example:
   - Check on how the client is using the method.
   - Provide a new supply of the method.
   - Provide information and support needed for the client to continue using the method correctly and consistently.
   - Bring the partner for further counseling on family planning and/or STI/HIV.
   - Have an HIV test.

3. Explain that it is important to encourage the client to return to the health care facility any time s/he has a question or wishes to change methods.

4. Mention that the provider should be warm and cordial when ending the session. This attitude will encourage the client to feel welcome to return.
5. Remind participants that a client has the right to change her/his reproductive goals and to stop using the family planning method if s/he wishes.

**Practice Session Role Plays**

**Time:** 90 minutes

**By the end of this session, participants will be able to:**
- Counsel clients using the BCS+ job aids

**Materials and advance preparation:**
- Divide the number of participants expected for the workshop by two. This is the number of role-play scripts you will need.
- Make enough copies of the role-play scripts (found at the end of this exercise) to accommodate the number of participants who will need a script. It is okay if a couple of participants are playing the same role of client. (*Note:* There are two role plays. You can use the same role-play scripts, just make sure participants get a different script for the second role play.)
- Feel free to make up your own scripts or roles.
- Cut along the lines so that you can give each participant playing the role of client a script to use.
- Note that the ideal method for each role is written in parentheses at the end of each script.

**Instructions**

**Role play #1 (45 minutes)**

1. Ask the participants to stand up. Have them count off “1,” “2,” “1,” “2,” etc.

2. Explain that all of the “1s” will play the “family planning providers,” and all of the “2s” will be “family planning clients.”

3. Ask all of the “2s” to raise their hands.

4. Ask the “1s” to find a participant who they will work with.

5. Once participants have found partners, give each participant playing the “client” a script.
Conducting the role play

1. Tell participants to find a place in the room where they will conduct their counseling session. (Note: Do not let them sit down yet.)

2. Ask participants to begin the role play standing so that they can greet the client. After greeting the client, they may sit down and begin the counseling session.

3. Allow about 30 minutes for the role play.

   During the role play, walk around and observe how participants are doing. Note anything you see that is not being done well and hold on to that information for when you are processing the role play.

4. After 25 minutes, tell participants that they have 5 minutes to wrap up their counseling session.

5. If some participants need extra time, give them another minute or so to finish.

Processing the role play

1. When the time is up, ask the participants who played the providers what it was like going through the entire BCS+ process, using the algorithm and job aids.

2. Ask whether they have any questions or comments about using the BCS+ algorithm, counseling cards, or method brochures to counsel their client.

3. Answer all questions and address all comments before proceeding. (Note: It is important that you be familiar with using the BCS+ job aids to counsel family planning clients. This experience will help you better answer participants’ questions and comments.)

4. Ask the participants who played the clients the following questions:
   a) What was it like to be counseled using the BCS+ approach?
   b) Was there anything confusing to you? If so, what?
   c) Do you have any tips for the participants who played the provider? (Note: Write the tips on newsprint or flipchart paper.)

5. Provide any positive reinforcement and input based on your observations during the role plays.
Role play #2 (45 minutes)

1. Tell participants that they are going to reverse roles. The person who was the client is going to play the provider, and the provider will now be the client.

2. Give each client a script with a role on it. (See scripts for role play #2 at the end of this section.)

Conducting the role play

1. Ask participants to begin the role play by greeting each other as in the previous role play.

2. Allow about 30 minutes for the second role play.

3. During the role play, walk around and observe how participants are doing. Note anything you see that is not being done well and hold on to that information for when you are processing the role play.

Processing the role play

1. When the time is up, ask the participants who played the providers what it was like to use the BCS+ algorithm and job aids.

2. Ask whether they have any questions about how to use the BCS+ algorithm, counseling cards, or method brochures. Answer all questions before proceeding.

3. Ask the participants who played the clients the following questions:
   a) What was it like to be counseled using the BCS+ approach?
   b) Was there anything confusing to you? If so, what?
   c) Do you have any tips for the participants who played the provider? (Note: Write the tips on newsprint or flipchart paper.)

4. Mention your comments based on your observations during the role plays.

5. Address all questions and comments before proceeding to the next step.
Client scripts for practice session role plays

You are a 23-year-old married woman who has two young children. You want to wait 2 to 3 years before getting pregnant again. Your husband does not care much about family planning. You have not used modern contraceptive methods before. Your last child is 5 months old, and you are breastfeeding. You are very scared to use the IUD and refuse it if offered. You are not sure of your HIV status, but think your husband had many partners before marriage.

(Combined Injectable Contraceptive [CIC])

You are an 18-year-old girl. You started your menstrual bleeding 10 days ago. You are sexually active and have a boyfriend. You want to avoid getting pregnant and want the Pill. Neither you nor your boyfriend want to use condoms. Later on in the consult you reveal that you had unprotected sex 2 days ago. You have come to the clinic because you heard the Pill prevents pregnancy. You have a slight vaginal discharge.

(Emergency Contraceptive Pills [ECPs] and the Pill)

You are 25 years old and have multiple sexual partners. You slowly reveal that you are a sex worker trying to earn enough money to support your two children. Your (paying) partners do not like to use condoms. You have heard of sexually transmitted diseases and are afraid of getting one. You also cannot afford to get pregnant again.

(Female condom)

You are a 30-year-old married woman who does not want to have any more children. You already have four and are tired and fed up with being pregnant. Your partner is interested in more children. Your husband likes having sex frequently and does not like using condoms. You are afraid of injections. You have had mild seizures in the past and sometimes take medicine for them. If offered the minipill, explain that you are afraid you will forget to take the pill every day. Your husband travels occasionally and you are not sure if he is faithful.

(IUD)

You are a 35-year-old married woman who has five children. Your latest child is 7 weeks old. You are on the 7th day of your menstruation. Your partner is interested in more children, but you do not want any more children for a while. Your husband likes having sex frequently and does not like using condoms. You are afraid of injections. You are also afraid you will forget to take a pill every day. You have a history of vaginal infections. You do not know what kind of infections—you have just been going to the clinic and they give you medicine.

(Norplant)
You are an adolescent boy who has come to the clinic with an STI but not HIV. You are concerned about getting an STI again. You have had several girlfriends. Your current girlfriend wants to get pregnant to show you that she loves you, but you are not so happy about the idea. If the “provider” offers you condoms, agree. Before you leave, ask the provider how your girlfriend can avoid getting pregnant.

(Male condom and the provider should encourage the girlfriend to come in.)

You are a 20-year-old woman with a 4-month-old child that you are breastfeeding. Your husband is working on a farm as an immigrant laborer and is gone 22 days of the month. You have never used family planning but want to control your fertility. You are about to start your menstruation. It is Monday, and your husband is coming home this weekend. He does not like to use condoms and is not that supportive of family planning. If offered the IUD, explain that you cannot afford to go to the hospital, which is 100 miles away.

(Progestin-only oral contraceptive—Minipill)

You are a 35-year-old married woman who has 3 children. The youngest child is 6 weeks old. You are not ready to have another child for a while. Your husband does not cooperate with family planning. You live fairly far from the health center. You have heard evil things about the IUD and refuse it if offered. If offered implants, explain that your husband would notice and be very angry with you. You had an extramarital affair several years ago.

(Progestin-only injectable — DMPA is best because client only has to return every 3 months.)

You are 18 years old and single. You have a boyfriend and do not want to get pregnant. You and your boyfriend go to school. You are about to begin your menstruation. If offered the IUD or Norplant, reveal that you do not want something foreign in your body. If offered injectables, scream and say you hate needles. If offered the minipill, explain that you have come to the clinic before for the minipill, but they are always out of stock. You have no conditions that prevent you from taking the Pill. Besides, there is a pharmacy in your community that carries the most popular Pill. You have had several boyfriends in the past.

(Combined oral contraceptives)

You are 29 years old and have been fully breastfeeding your child and using LAM as a birth control method. You are beginning to give your infant food. You want to make sure that using LAM is still the same. You have chosen LAM because you want to breastfeed your baby, and you are very religious. You and your husband do not believe in modern contraceptive methods. Your husband supports you in wanting to space your children. If TwoDay Method is offered, you do not want to touch your genitals. Both you and your husband are monogamously faithful.

(Standard Days Method)
You are a 22-year-old woman with a 1-year-old child. You are in a stable marriage, and your husband supports family planning. You do not like modern contraceptive methods. Sometimes he will use a condom but not consistently because it reduces feeling for him. You do not like the side effects of hormonal methods. You are religious and would not like a modern method. If the provider offers you a fertility awareness method, such as Standard Days Method or TwoDay Method, appear to be interested. Then, reveal that your monthly menstruation cycles are very irregular.

*(Female condom)*

You are 39 years old and have 6 children. You are tired and do not want any more children. Your husband cooperates with family planning but will not use a condom. You have tried hormonal methods in the past but do not like the side effects. Furthermore, you were not good at remembering to take the pill, which resulted in your fifth pregnancy. You are afraid of the IUD and you have heard that women can get pregnant with it. You live far away from the hospital, but with planning could go there. You would arrange a ride with your cousin who lives in the next village. Despite your dislike of the side effects of the Pill, you would be open to a monthly injectable until you get a tubal ligation at the hospital. You suspect your husband has not been faithful.

*(Combined Injectable Contraceptive [CIC] until client can get a tubal ligatation at the hospital)*

You are a 38-year-old man who has come to the clinic with his wife who wants family planning. You cannot afford to have any more children—you have 5 children now. Your wife has used several methods, which have resulted in her 5 pregnancies. You both have had enough. If tubal ligation is offered, mention that your wife just discovered she is pregnant. Toward the end of the consult, also reveal that you are HIV positive. You confess that you have had many women in the past.

*(Vasectomy)*
Next Steps and Closing

**Total Time:** 15 minutes

**By the end of this exercise, participants will have:**

Made a plan to incorporate the BCS+ in their counseling work in their health care facility

**Materials and advance preparation:**

- Have flipchart (newsprint) paper and markers available.
- If certificates of completion will be given to participants, have them made, signed, and ready to distribute at the end of the workshop.

**Instructions**

1. Ask participants how they like using the BCS+ and job aids.

2. Remind participants that the 19-step BCS+ algorithm is a summary of the *BCS+ User’s Guide* and is easier to refer to when on the job.

3. Encourage participants to review sections of the *BCS+ User’s Guide* to remind them exactly how to conduct each of the 19 steps.

4. Ask participants what steps they will take to implement the BCS+ model on the job. In other words, how will they do things differently when they go back to the clinic?

5. Write their responses on newsprint or flipchart paper.

6. Ask participants what they can do to promote the use of the BCS+ in their health care facilities. (*Note:* Write responses on newsprint or flipchart paper.)

7. Ask whether there are any comments or questions before closing the workshop.

8. Remind participants that the BCS+ Toolkit contains a CD-ROM of the materials. The job aids (algorithm, counseling cards, and method brochures) can be easily adapted or revised to support national and/or regional protocols. Guidelines for adapting these job aids are provided in the *BCS+ User’s Guide*.

9. Thank participants for their participation.

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

### Summary of Kenya and South Africa BCS+ OR Studies

<table>
<thead>
<tr>
<th>OR Study</th>
<th>Kenya</th>
<th>South Africa</th>
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<tbody>
<tr>
<td>Issues</td>
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<td>HIV and reproductive health both vertical programs. Implication: No motivation for programs to work together. If the client came for family planning, she/he could not access VCT services. (VCT is the term used for HIV C&amp;T in Kenya and South Africa.)</td>
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<td><em>Kenya Demographic and Health Survey 2003</em> (CBS, MOH, and ORC Macro 2004) showed a high CPR (39%) compared to low VCT uptake (10%).</td>
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<td>Lack of appropriate tool for providers to implement the integration of HIV/AIDS services within family planning services.</td>
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<td>Poor quality of family planning consultations because providers lacked skills.</td>
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<tr>
<td>FRONTIERS in South Africa testing BCS+ tool to integrate HIV/STI services, including VCT, into family planning services and wanted to test it in a different setting.</td>
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<td>High prevalence of STIs in family planning clients (Kwazulu Natal province situation analysis).</td>
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<td>Government recommended integrating HIV/STI with other services; however, in practice this was not well implemented.</td>
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<td>VCT in South Africa was provided as a vertical program and PMTCT. Effect: If the client came for family planning, she/he could not access VCT services.</td>
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<td>Government sought to improve access to VCT/HIV services with an appropriate referral for treatment of opportunistic infections and prophylaxis.</td>
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<td>Antiretroviral rollout was in 2004, but family planning clients who did not know their status would get into the program late.</td>
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<tr>
<td>BCS+ was designed to integrate HIV/STI services, including VCT, into family planning services.</td>
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<td>CPR (62%) compared with low VCT uptake.</td>
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<tr>
<td>OR Study</td>
<td>Kenya</td>
<td>South Africa</td>
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<tr>
<td><strong>Algorithm adapted</strong></td>
<td>15 steps.</td>
<td>20 steps.</td>
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<tr>
<td><strong>Method cards and brochures adapted</strong></td>
<td>Same as original BCS—15.</td>
<td>14 plus 4 extra cards on STI/HIV prevention, risk assessment, dual protection, and VCT.</td>
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<td><strong>Training implemented</strong></td>
<td>Train the trainer (TOT): doctors, registered nurses, and clinic officers. Workshops for providers: degree nurses (4 years of training); registered nurses (3 1/2 years of training); and enrolled nurses (3 years of training).</td>
<td>Workshops for providers: registered nurses (3 to 4 years of training); enrolled nurses (2 years of training); and nursing assistants (6 to 12 months of training).</td>
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<td><strong>Results</strong></td>
<td>2 models: providers that referred to VCT sites (referral) and providers that tested during family planning clinic (testing). Both successful in terms of feasibility and acceptability to both providers and clients. However, providers in referral group felt they needed to test family planning clients for HIV, and family planning clients in the referral group preferred to continue with existing family planning provider for VCT instead of being referred. Significant improvement in counseling. Increased uptake of VCT (captured referrals). Quality of counseling improved in both models.</td>
<td>2 models: providers that referred to VCT sites (referral) and providers that tested during family planning clinic (testing). Both successful in terms of feasibility and acceptability to both providers and clients. However, providers in referral group felt they needed to test family planning clients for HIV, and family planning clients in the referral group preferred to continue with existing family planning provider for HIV counseling and testing instead of being referred. Significant improvement in counseling. Increased uptake of VCT (captured referrals). Quality of counseling improved in all clinics. Quality of care improved in both models, but more strongly in the referral.</td>
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<td><strong>Conclusions</strong></td>
<td>In August 2007, the Ministry of Health adopted the testing model with the provision to refer clients who prefer to go elsewhere. Technical assistance from FRONTIERS with funding from various donors. Scale-up from pilot (2 districts in 1 province) to nationwide (7 other provinces). Phased scale-up using TOT: first from the 14 pilot facilities in the referral arm to the rest of the facilities in the district (60); then from the 9 pilot facilities in the testing model to the rest of the facilities in the district (85); then scaled up nationally to 7 other provinces.</td>
<td>Examined 2 models to determine which works best—testing or referral. Outcome: both models are effective depending on the setting and client preference. Government wants VCT available in all settings. Client-oriented. Government looking to scale up from 3 districts in 1 region (NW province) to 2 provinces. (NW province has 6 regions; each region has districts.)</td>
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References


Population Council

The Population Council conducts research worldwide to improve policies, programs and products in three areas: HIV and AIDS; poverty, gender, and youth; and reproductive health.

Frontiers in Reproductive Health

The Frontiers in Reproductive Health Program (FRONTIERS) applies systematic research techniques to improve delivery of family planning and reproductive health services and influence related policies. FRONTIERS is funded by the U.S. Agency for International Development (USAID) and led by the Population Council in collaboration with Family Health International. FRONTIERS staff and collaborating organizations conduct operations research in Africa, Asia and the Near East, Eastern Europe, and Latin America and the Caribbean.

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