



**The Balanced Counseling Strategy:**  
A Toolkit for Family Planning Service Providers

**User's Guide**

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2008



**USAID**  
FROM THE AMERICAN PEOPLE

 *Population Council*  
**FRONTIERS**  
IN REPRODUCTIVE HEALTH

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**Note:** This publication is one part of a larger publication titled *The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers*. This BCS Toolkit includes the following:

*Balanced Counseling Strategy User's Guide*

*Balanced Counseling Strategy Trainer's Guide*

Balanced Counseling Strategy Job Aids

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

Balanced Counseling Strategy CD-ROM

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## Introduction

The Population Council has worked for decades on projects to improve the quality of reproductive health care, particularly family planning services. Quality of care, including a client-centered approach to providing high quality services, is a client's right and a best practice that links family planning with women's health and fulfillment of reproductive intentions. Improving the quality of care, specifically the client-provider interaction (CPI), has potential benefits in terms of better client outcomes. These outcomes include: improved client satisfaction with method, better use and continuation of appropriate method, and achievement of reproductive health goals, such as successful birth spacing or limitation and improved reproductive health. Studies have shown that strengthening providers' CPI skills can improve the counseling experience (Huntington, Lettenmaier, and Obeng-Quaidoo 1990; Barge, Patel, and Khan 1995; Costello et al. 2001; Sathar et al. 2005).

The Balanced Counseling Strategy (BCS) was developed to improve CPI in family planning provision. The BCS is a practical, interactive, client-friendly counseling strategy that uses three key job aids (visual memory aids) for counseling clients about family planning: an algorithm (decision-tree), a set of counseling cards on different contraceptive methods, and corresponding brochures on each of the methods.

A **job aid** is a storage place for information other than one's memory.

**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.

The BCS was tested in Peru and Guatemala, and then revised on the basis of suggestions from researchers and providers who used it. More methods were added to the BCS cards and brochures for a more international application. The *BCS User's Guide* was developed to explain how to use the job aids to counsel family planning clients. The revised job aids and user's guide were pre-tested with service providers in Mexico. A detailed history of the development of this innovative counseling tool and results of operations research studies assessing its effectiveness in improving quality of care can be found in the appendix of the *Balanced Counseling Strategy Trainer's Guide (BCS Trainer's Guide)*.

## Development of the BCS Toolkit

The BCS job aids and user's guide were subsequently translated from Spanish, revised, and formatted for use outside Latin America. A draft training guide was expanded to include more detailed instructions for trainers who will be responsible for introducing the Balanced Counseling Strategy in the health care facility. The BCS method cards and brochures were edited to incorporate the latest international family planning norms and guidance as recommended by the World Health Organization (WHO), including *Family Planning: A Global Handbook for Providers* (WHO/RHR and JHU/CCP, INFO Project 2007) and *Medical Eligibility Criteria for Contraceptive Use* (WHO 2004).

Through this publication, *The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers*, the revised BCS job aids and guides are being made available to those interested in implementing a family planning counseling strategy that simplifies decision-making and responds to the client's needs and reproductive intentions.

## What is the purpose of this toolkit?

*The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers* is designed to provide the information and tools needed for health care facility directors, supervisors, and service providers to implement the Balanced Counseling Strategy in their family planning services. This toolkit includes the following:

1. **BCS User's Guide** on how to implement the Balanced Counseling Strategy. It can be distributed during training on BCS or used on its own with the BCS job aids.
2. **BCS job aids** comprising:
  - **The BCS algorithm** that summarizes the 11 steps needed to implement the Balanced Counseling Strategy during a family planning counseling session. These steps are organized under three stages of the consultation: pre-choice, method choice, and post-choice. During each stage of the counseling session, the provider is given step-by-step guidance on how to use the Balanced Counseling Strategy. Depending on the client's response to the questions posed, the algorithm outlines which actions to take. The BCS algorithm is on page 5 and can also be found with the job aids.
  - **Counseling cards** that the provider uses during a counseling session. There are 16 counseling cards. The first card contains 6 questions that the service provider asks to rule out if a client is pregnant (Stanback et al. 1999). The other 15 cards each contain information about a different family planning method. Each 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. It also describes the method's effectiveness, which is represented by a number and also written out.

- **Method brochures** on each of the 15 methods represented by the counseling cards. They are designed to help the client and provider narrow down the appropriate method for the client. The information in the method brochures follows the majority of family planning programming norms (Hatcher et al. 2004; WHO/RHR and JHU/CCP 2007). Once the client has selected a method, the provider gives the client a brochure about the method to take home.

3. **BCS Trainer's Guide** that supervisors and others can use to train health care facility directors and service providers on how to use the Balanced Counseling Strategy for counseling family planning clients.

The BCS job aids are generic. They can be revised depending on national and/or regional guidelines and protocols. The Balanced Counseling Strategy can also be adapted to incorporate other health issues, such as HIV. Guidelines for adapting these job aids are included (starting on p. 16, and in the *BCS Trainer's Guide*), along with an example of a revised BCS algorithm used by the Population Council in South Africa.

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?

1. Read this entire *BCS User's Guide* on how to implement the Balanced Counseling Strategy.
2. Refer to the BCS algorithm as a reminder of the 11 steps needed to implement the Balanced Counseling Strategy. 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 if the client is pregnant. If she is not, use the remaining method cards to help the client choose a contraceptive method suited to her reproductive health intentions.
4. Once the client has chosen a contraceptive method, review the corresponding BCS method brochure with the client. Use the brochure 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. For trainers, use the *BCS Trainer's Guide* to familiarize health care staff with this new counseling approach and to build the capacity of service providers to effectively use the BCS counseling approach. The trainer's guide covers 8 hours of training and includes over 3 hours of practice and role plays.
6. The three BCS job aids, *BCS User's Guide*, and *BCS Trainer's Guide* are available as Microsoft Word documents on the enclosed CD-ROM. Adapt these materials for use in your region or country as needed.



## Balanced Counseling Strategy

The Balanced Counseling Strategy (BCS) is divided into three counseling stages. Each stage contains specific steps to follow. The BCS assumes that the motive of a client's visit is family planning. The consultation may have been arranged for another reason but has resulted in counseling on family planning. The BCS algorithm appears on the next page. Below is a summary of the three counseling stages:

- **Pre-Choice Stage:** During this stage the provider creates the conditions that help the client select a family planning method. The provider cordially greets the client. Then s/he asks basic questions to identify the client's family planning intentions and needs. At this time, the provider displays all of the counseling cards illustrating various family planning methods. Then the provider asks the four questions described in the algorithm. As the client responds to each question, the provider sets aside the counseling cards of methods that are not appropriate for the client. Setting aside the counseling cards helps to avoid giving information on methods that are not relevant to the client's needs.
- **Method Choice Stage:** During this stage the provider offers more extensive information about the methods that have not been set aside. This helps the client select a method suited to her/his needs. Following the steps in the BCS algorithm, the provider continues to narrow down the number of counseling cards until a method is chosen.
- **Post-Choice Stage:** During this last stage the provider uses the BCS 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.

Detailed instructions on how to implement the Balanced Counseling Strategy using the accompanying BCS job aids (algorithm, counseling cards, and brochures) follow.



# Algorithm for Using the Balanced Counseling Strategy

## Pre-Choice

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

If client answers:	Then:
"Yes" to any of the questions and she 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. 3) Ask her to return when she has her menstrual bleeding. 4) Provide her with a back-up method, such as condoms, to use until then. 5) End the session.

3. Display all of the counseling cards. If the client wants a particular method, go to Step 7.
4. Ask all of the following questions. Set aside counseling cards based on the client's responses.
  - a) Do you wish to have children in the future?  
If "Yes," set aside vasectomy and tubal ligation cards. Explain why.  
If "No," keep all cards and continue.
  - b) Are you breastfeeding an infant less than 6 months old?  
If "Yes," set aside the combined oral contraceptives (the Pill) and combined injectable.  
If "No," or she has begun her monthly bleeding again, set aside the LAM card. Explain why.
  - c) Does your partner support you in family planning?  
If "Yes," continue with the next question.  
If "No," set aside the following cards: male condom, female condom, Standard Days Method, and TwoDay Method. Explain why.
  - d) Are there any methods that you do not want to use or have not tolerated in the past?  
If "Yes," set aside the cards the client does not want.  
If "No," keep the rest of the cards.

## Method Choice

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

## Post-Choice

8. Inform the client about the method chosen using the brochure of the method as a counseling tool.
9. Determine the client's comprehension and reinforce key information.
10. Make sure the client has made a definite decision. Give her/him the method chosen and/or a referral and back-up method, depending on the method selected.
11. Complete the counseling session. Invite the client to return anytime. Thank her/him for the visit. End the session.

## Pre-choice Stage

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

### **Step 1: Establish and maintain a warm, cordial relationship. Listen for the client's contraceptive needs.**

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

### **Step 2: Rule out pregnancy using the counseling card with 6 questions.**

Pregnancy is a contraindication for the use of most family planning methods, except barrier methods such as condoms or spermicides. It is important to rule it out. You can rule out pregnancy by asking the 6 questions on the BCS counseling card.

#### **Checklist to be reasonably sure a woman is not pregnant:**

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

Rule out pregnancy using the table below.

<b>If the client answers:</b>	<b>Then:</b>
“Yes” to <u>any</u> of the questions and is free of signs and symptoms of pregnancy	1) Pregnancy is unlikely. 2) Continue to <b>Step 3</b> .
“No” to <u>all</u> of the questions	1) Pregnancy cannot be ruled out. 2) Give client a pregnancy test if available. 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) End the session.

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

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

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

**Figure 1.**



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

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

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

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

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

<b>If:</b>		<b>Do this:</b>
“Yes”		<ol style="list-style-type: none"> <li>1) Set aside the combined oral contraceptives (the Pill) and combined injectable contraceptive (CIC) cards.</li> <li>2) Explain that the hormones in these methods affect breastfeeding.</li> </ol>
“No”	Woman has begun monthly menstrual bleeding again.	<ol style="list-style-type: none"> <li>1) Set aside the lactational amenorrhea method (LAM) card.</li> <li>2) Explain that LAM is not suitable for women who are having menstrual bleeding again.</li> </ol>

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

<b>If:</b>	<b>Do this:</b>
“Yes”	Continue with the next question.
“No”	<ol style="list-style-type: none"> <li>1) Set aside the following cards: male condoms, female condoms, Standard Days Method, and TwoDay Method.</li> <li>2) Explain that these require partner cooperation.</li> <li>3) Invite the client to bring her/his partner to a counseling session to discuss family planning with a provider.</li> <li>4) Continue with the next question.</li> </ol>

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

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

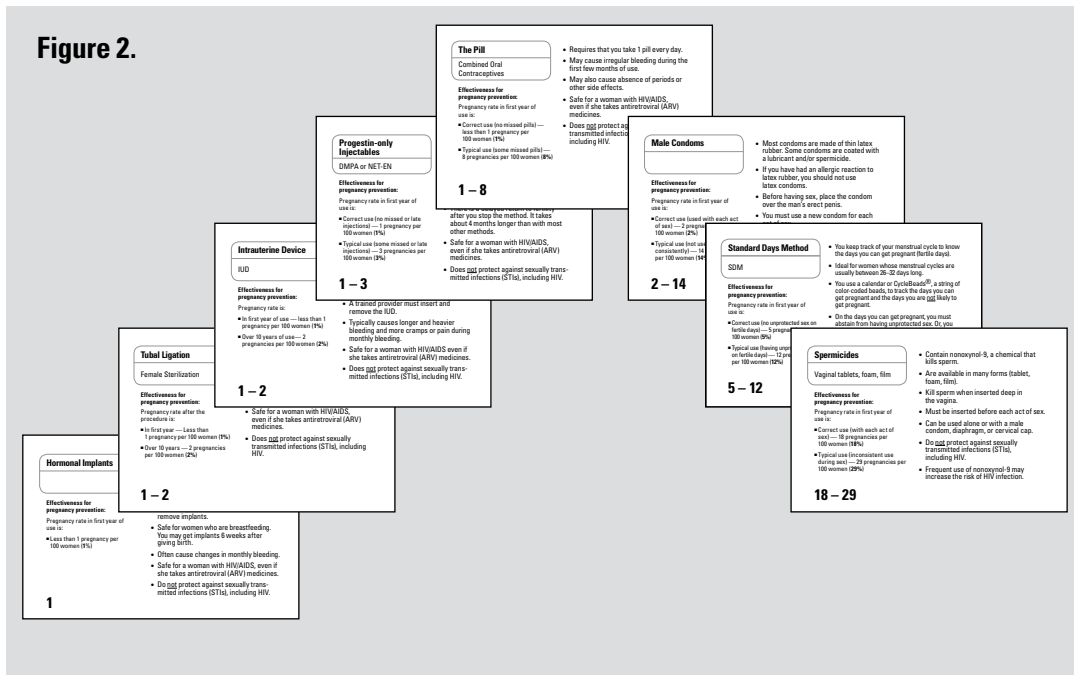
3. If certain methods such as the IUD, tubal ligation, or vasectomy are never offered at your health care facility, still talk to the client about these methods. If the client selects one of these methods, then:
  - a) Give her/him a brochure of the method.
  - b) Refer her/him to a facility where s/he can obtain the method.
  - c) Provide client with a back-up method until s/he can obtain the method of choice.
4. If the client selects a method that is temporarily unavailable (out of stock), then:
  - a) Give the client a brochure about the method.
  - b) Refer her/him to a facility or commercial outlet where s/he can obtain the method.
  - c) Provide client with a back-up method until s/he can obtain the method of choice.
  - d) Ask client to return when the method is in stock at your health care facility.

## Method Choice Stage

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

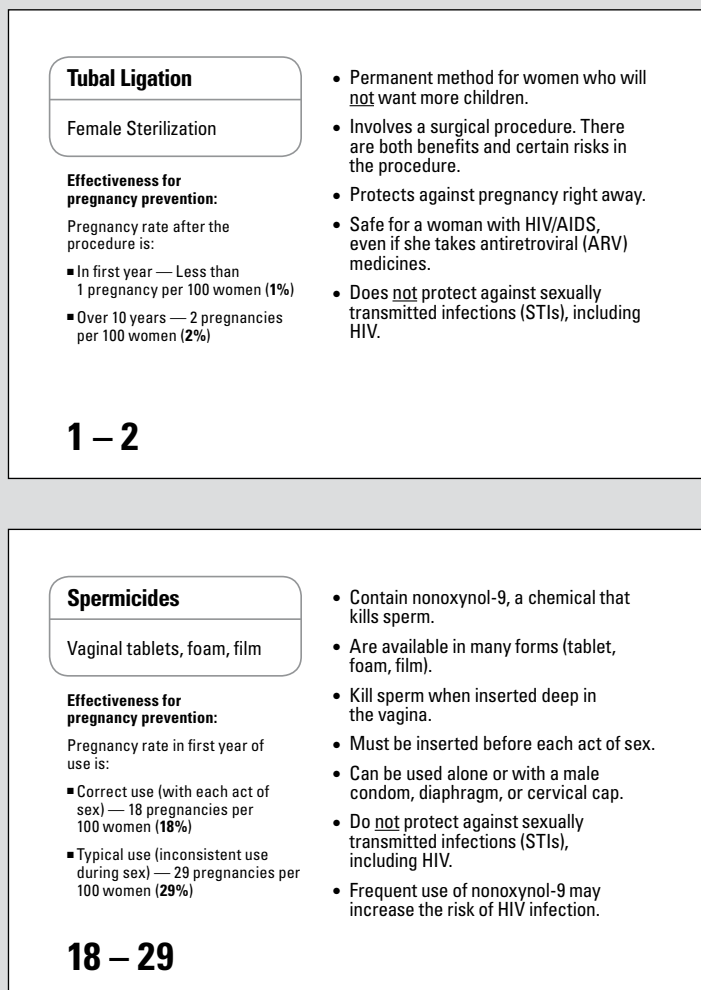
1. Arrange the remaining cards that have not been set aside on your desk or table according to their level of effectiveness, as shown in Figure 2 below. Display them with the lowest numbers first and the highest numbers last. (The number is on the bottom left-hand side of the back of the card. This number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

Figure 2.



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

**Figure 3.**



3. Begin with the card with the lowest number. Read the 5 to 7 key features of each method written on the cards displayed. You may also ask the client to read these attributes.
4. Whether or not it has been set aside, explain that the condom (male and female) is the only method that protects against pregnancy and sexually transmitted infections (STIs), including HIV.

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

1. Ask the client whether s/he has any questions or comments about each method discussed. Respond to any questions. Resolve any doubts before proceeding.
2. Ask the client to choose a method that is most convenient for her/him.
3. If the client asks that you choose the method, explain that s/he is the only person who knows her/his needs. You may give recommendations about a method, but allow the client to choose the method.
4. Once the client selects a method, do not take the counseling cards off the table. You may need to return to them if the method chosen is not advised or the client changes her/his mind.
5. If the client does not like any of the methods discussed or cannot make up her/his mind, give the client a method to use until s/he decides. **Do not let the client leave without a method.** Condoms can provide dual protection against pregnancy and STIs until the client has another method.

## **Step 7: Using the brochure, determine if the client has any condition for which the method is not advised.**

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

***For example***, for the IUD:

Method not advised if you:

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

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



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

<b>If the client:</b>	<b>Do this:</b>
Has no conditions	Go to <b>Step 8</b> .
Has any condition and has reached this step from <b>Step 6</b>	1) Explain the need to choose another method. 2) Return to <b>Step 5</b> .
Has any condition and reached this step from <b>Step 3</b> (already had the method in mind)	1) Explain the need to choose another method. 2) Return to <b>Step 4</b> .

## Post-Choice Stage

### **Step 8: Inform the client about the method chosen using the brochure of the method as a counseling tool.**

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

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

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

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

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

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

2. Do not let the client leave empty-handed. If a method is not available, make sure the client has a back-up method and a referral.

**Step 11: Complete the counseling session. Invite the client to return any time. Thank her/him for the visit. End the session.**

1. If needed, give the client a follow-up appointment. The purpose of the appointment may be to:
  - Check 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.
2. Encourage the client to return to the health care facility any time s/he has a question or wishes to change methods.

***Remember:***

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

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

***For example:***

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

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

## Guidelines for Adapting the Job Aids

The BCS job aids are generic and can be revised based on a region's or country's needs and norms. Below are guidelines for adapting the job aids. An example of a revised algorithm used by the Population Council in South Africa is included at the end of this section.

1. Conduct a technical review of family planning norms and practices in your region or country. Below are some examples of the kinds of review that will help to gather the appropriate information needed to adapt the Balanced Counseling Strategy and BCS job aids to your needs.
  - a) Convene a meeting with representatives from the Ministry of Health and other experts on family planning to review the BCS and determine whether it needs to be adapted to include your country's norms and policies on family planning.
  - b) Ask health care workers with experience in counseling clients on family planning to review the BCS job aids for content.
  - c) If the job aids are to accompany training, work with the trainers to coordinate the desired competencies (skills) from the training into the job aid.
2. Based on the technical review and local norms of the country, revise the steps in the Balanced Counseling Strategy as needed. If the BCS is revised, be sure to gather information to adjust the algorithm, counseling cards, and brochures accordingly.
3. If the BCS strategy does not change, but you wish to add method cards and brochures on contraceptive methods available in your country's family planning program, gather the information needed.
4. Revise the job aids based on the technical review. Below are simple guidelines for adapting the BCS job aids:
  - a) Try to adhere to the existing format of the BCS job aids as much as possible. They are written using a very specific methodology that helps readers effectively act on the instructions.
  - b) If adding/revising new steps to the algorithm, write the steps using action verbs. For example,
    - **Ask** the client if she has had her monthly bleeding.
    - **Remind** the client to take the pill every day at the same time.
  - c) Include any substeps needed to perform the step. Do not assume that the provider knows how to perform the desired step or task. Also, be sure to begin each substep with an action verb.

**For example:**

**Step or task:**

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

**Substeps:**

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

- d) If a service provider needs to make a decision as part of a step, make a decision table. The first column (the “If” column) is to describe when to take action. The second column (the “Then” column) is used to describe what action to take and usually follows the cookbook format of Step 1, Step 2, etc. For example:

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

- e) Be sure to number all steps and substeps that are sequential. If the order of the steps is not important, use bullets instead of numbers.

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

5. Pretest (validate) the revised job aids.

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

- e) Ask why s/he added any steps not in the job aid to the counseling session. It is possible that the service provider added a step for clarity. If so, please add the step to the job aid. The idea is to describe the desired behavior of the service provider to accurately use the revised Balanced Counseling Strategy.
  - f) Revise any instructions based on pretests with several service providers.
  - g) Add or delete any steps/tasks or substeps to enable the provider to carry out the Balanced Counseling Strategy most effectively.
6. Ask two to three less experienced service providers to use the revised BCS job aids and observe whether they were able to perform the tasks based on the instructions in the job aids.
  7. Revise the job aids accordingly, taking into consideration any additional input service providers give you on how to improve the instructions.
  8. Incorporate the use of the job aids into existing training, or develop a short course to show service providers how to use the job aids.

**Important!**

A job aid should always be accompanied by training support.

**Note: The BCS algorithm was adapted for use in South Africa. Additional steps were added to include HIV counseling. An example of the revised algorithm follows.**

## Assisted Balanced Counseling — South African Algorithm\*

### Pre-Selection

1. Warmly welcome the client.
2. Screen for pregnancy. Use the card with the checklist of questions. If pregnant, refer the client to antenatal care (ANC) clinic.
3. Assess use of current method. Determine if client wants to change.

If	And client is	Then
Yes	—	Continue to <b>Step 4</b> .
No	Current User	Administer or give method, or make a referral.
	New user	Continue to <b>Step 4</b> .

4. Display all of the counseling cards, each with information about a different family planning method.
5. Screen for contraindications.

If	Then
Yes	Skip card(s). Explain why. Proceed to <b>Step 6</b>
No	Proceed to <b>Step 6</b> .

6. Ask all of the following questions and discard cards based on the client's response.

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

If	Then
Yes	Skip vasectomy and tubal ligation cards and explain why.
No	Keep all cards and continue.

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

If	Then
Yes	Skip the combined oral contraceptives (the Pill) card and explain why. Discuss the option of the minipill.
No	Skip the LAM card and explain why.

c) Does your partner cooperate in contraceptive use?

<b>If</b>	<b>Then</b>
No	Skip the fertility awareness methods and barrier contraceptives cards. Explain why.
Yes	Keep the fertility awareness methods and barrier contraceptives cards.

## Selection

- 7. Describe each non-discarded method.**
- 8. Assist client to choose a method.**
- 9. Ask the client to choose the method. Respond to her/his concerns.**

<b>If</b>	<b>Then</b>
Method chosen	Go to <b>Step 10</b> .
Method chosen but not available	Give referral to hospital. In the meantime, give the next best choice and go to <b>Step 10</b> .

- 10. Double check if there are any contraindications for the method chosen by the client.**

<b>If</b>	<b>Then</b>
Yes	Explain and return to <b>Step 7</b> .
No	Continue to <b>Step 11</b> .

## Post-Selection

- 11. Describe action mechanisms of method chosen.**
- 12. Give instructions on how to use the method chosen.**
- 13. Describe side effects and warning signs.**
- 14. Verify client's comprehension of information. Reinforce information, if needed.**



**15. Ask if the client is satisfied with her/his choice of method.**

<b>If</b>	<b>Then</b>
Yes	<ul style="list-style-type: none"><li>■ Administer or give the method or make a referral.</li><li>■ Discuss emergency contraception.</li><li>■ If appropriate, discuss back-up method for waiting period.</li></ul>
No	Return to <b>Step 9</b> .

## STI/HIV Prevention and Assessment

**16. Discuss STI/HIV prevention and VCT awareness.**

**17. Conduct STI/HIV/AIDS risk assessment. If RTI symptoms, treat syndromically (according to National Guidelines).**

**18. Ask if the client knows how to use a condom. Demonstrate use if required.**

**19. Discuss dual protection. Offer condoms and instruct in correct and consistent use.**

**20. Give follow-up instructions, voucher, and method pamphlet. Also give all clients a pamphlet on condoms in addition to the pamphlet on the method they have chosen.**

**END SESSION.**

\* Population Council's FRONTIERS Program. For more information contact [frontiers@popcouncil.org](mailto:frontiers@popcouncil.org)

## How can the Balanced Counseling Strategy be implemented in family planning services?

The Balanced Counseling Strategy improves the quality of family planning services—when providers use the job aids. To help ensure that providers are effectively using the Balanced Counseling Strategy, the following recommendations are offered. These are based on the lessons learned from the Peru and Guatemala studies (León et al. 2003b):

1. Provide health care facility staff, service providers (professional, nonprofessionals, and paraprofessionals) and auxiliary staff sufficient training and support on how to use the BCS approach and job aids. For supervisors and others who wish to train health care facility directors and service providers on the Balanced Counseling Strategy, refer to the *BCS Trainer's Guide*. The BCS training is 8 hours in length (not including lunch and breaks), very participatory, and includes over 3 hours of practice time. It can be conducted as a stand-alone workshop, given during supervisory visits, or integrated into other training events.
2. Provide retraining and support to providers after the initial BCS training. Intensity of training affects compliance. Researchers believe that the close and continual supervision given in the Guatemala interventions contributed to the high level of compliance and improved quality of care made at the experimental clinics. Support can be provided during supervisory visits or during other training opportunities.
3. Make sure that providers have enough BCS method brochures to use in their services. Not having enough brochures handicapped providers during the Guatemala Ministry of Health study. The brochures can easily be printed from the CD-ROM available in the toolkit or photocopied.
4. Galvanize institutional support for the implementation of the Balanced Counseling Strategy in your services and/or health district. Institutional leadership reinforces compliance. Although Peruvian Ministry of Health (MOH) authorities expressed their commitment to the BCS innovation, field observations suggested that institutional involvement was not apparent after the experiment began. In Guatemala, on the other hand, the MOH and health area directors accompanied the intervention team during revisits to the trained providers. This probably increased providers' perception of higher-level support and involvement.



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