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

Trainer's Guide

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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

If any part is missing, please contact the Population Council at publications@popcouncil.org

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Acknowledgements

Federico León developed the Balanced Counseling Strategy (BCS) based on the findings obtained during several operations research projects in Peru and Guatemala. This research could not have been conducted without the invaluable support of the service providers who tested the BCS and the program directors who authorized and supervised its application. We also sincerely appreciate the valuable technical support provided by Gloria Lagos, Mariel León, Rosa Monje, Irma Ramos, and Walter Ventosilla in Peru, and Carlo Bonatto, Carlos Brambila, Julio García Colindres, Verónica Dávila, Marisela de la Cruz, Gustavo Gutiérrez, Elena Hurtado, Carlos Morales, Berna Salas, and Benedicto Vásquez in Guatemala. *The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers* comprises three key job aids: an algorithm describing the counseling strategy, counseling cards, and client brochures. Ricardo Vernon wrote and Antonieta Martin revised the *Balanced Counseling Strategy User's Guide* on how to use this new counseling strategy. The job aids and the *BCS User's Guide* were translated from Spanish, revised, and formatted for use outside Latin America by Linda Bruce, who also developed the *BCS Trainer's Guide*. *The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers* is a result of these efforts.

Contents

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 such as satisfaction, use and continuation of appropriate contraception, achievement of reproductive health goals, as well as successful birth spacing or limitation and improved reproductive health. Studies have shown that strengthening providers' performance can improve CPI (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 client-provider interaction in family planning provision.

Why a new counseling strategy?

The Peruvian Ministry of Health (MOH) and the Population Council's Frontiers in Reproductive Health Program (FRONTIERS) conducted a study in 1999 to assess Peruvian providers' compliance with new national guidelines on family planning care (León 1999; León et al. 2001). Three main findings emerged:

- **Providers failed to discuss client's wishes.** Providers mainly asked a client medical questions, such as date of her last menstruation. They 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. Further, the clinical 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 methods available at the MOH clinics, whether or not the methods suited the client's needs. This overloaded clients with more information than they could remember. Further, clients could not even use much of the information provided.

- **Information provided on the chosen 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. As a result, clients interviewed after the consultation often knew little about the method they had chosen.

The beginning of a new counseling strategy

To address these weaknesses in quality of care, the Population Council's FRONTIERS Program worked with the Peruvian MOH to conduct an operations research project that developed and tested a more practical, interactive, client-friendly counseling strategy. This new model was called the Balanced Counseling Strategy. The BCS included three key job aids for use in counseling clients on family planning: a poster outlining a five-step algorithm on how to implement the BCS, a set of counseling cards on different contraceptive methods, and corresponding brochures on each of the methods.

Findings from the study indicated significant improvements in quality of care—if providers used the job aids. Clients' knowledge of certain methods was significantly higher when they consulted providers who used the BCS job aids (León et al. 2003b; León et al. 2004).

Testing BCS in Guatemala

Another operations research project was conducted in Guatemala. As part of this project, the BCS algorithm was expanded and service providers were given additional training and supervision on how to use the BCS approach to counseling. Project researchers found that when trained and supervised in the strategy, most providers used the job aids and algorithm in their interaction with clients. As a result, the quality of care significantly improved among the clinics that adopted it (León et al. 2003a; León et al. 2003c).

New and improved BCS materials

Based on experiences in Peru and Guatemala and suggestions made by research staff and providers there, the Balanced Counseling Strategy algorithm was revised to improve guidance on how to implement the BCS model of counseling. More methods were added to the BCS cards and brochures for a more international application. A 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. In response to comments from Mexican providers participating in the test, a training guide was drafted to help introduce the BCS model to family planning providers. A detailed account 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 Appendix 1.

Development of the BCS Toolkit

These BCS job aids and user's guide were subsequently translated from Spanish, revised, and formatted for use outside Latin America. 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

the *Medical Eligibility Criteria for Contraceptive Use* (WHO 2004) and *Family Planning: A Global Handbook for Providers* (WHO/RHR and JHU/CCP 2007). The draft training guide was expanded to include more detailed instructions and exercises for trainers who will be introducing the Balanced Counseling Strategy in their family planning services. It is now referred to as the *BCS Trainer's Guide*.

Through publication of *The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers* the revised BCS job aids and guides are now 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 the 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** that comprise:

   - **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. The provider is given step-by-step guidance on how to go through each counseling stage. Depending on the client's response to questions posed, the BCS algorithm outlines which actions to take.

   - **Counseling cards** that the provider uses during a counseling session. There are 16 counseling cards. The first card contains six 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 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.

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, 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), is very participatory, and includes over 3 hours of practice time. It can be conducted as a stand-alone workshop, 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 MOH 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 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.

Why is a trainer's guide needed?

Poor provider compliance

When the Balanced Counseling Strategy 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 2003b; León et al. 2001). Further, the benefits for clients were less marked when the providers received less than the 3-day training.

Much improved provider compliance

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 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 2003a; León 2003c).

Development of the *BCS Trainer's Guide*

While there was an increase in the number of Guatemalan service providers using the BCS algorithm and job aids, the training, especially the supervisory visits, was costly. In an attempt to facilitate the use of the BCS model and minimize the high cost of training, a user's guide was developed and the BCS algorithm was simplified. The *BCS User's Guide* explains in detail the steps a provider needs to take to use BCS and accompanying job aids to counsel clients on family planning.

The *BCS User's Guide* and simplified BCS algorithm were validated with a group of health care providers in Mexico. Findings from the pre-test suggested that while the providers liked the user's guide and improved BCS algorithm, they felt that training was still necessary to introduce the BCS model and job aids. In response to this feedback, a training guide was drafted to meet this need. The draft training guide was further developed into the *BCS Trainer's Guide* during the development of this toolkit. Findings also indicated that program managers needed to get involved and promote the use of the BCS model, as well as provide supervision during consultations.

Who should use the *BCS Trainer's Guide*?

Program managers, supervisors, medical officers, or anyone responsible for training health care providers can use this trainer's guide. The trainer should be very familiar with using the *BCS User's Guide* and BCS job aids.

How should the *BCS Trainer's Guide* be used?

The Balanced Counseling Strategy should be introduced in the 8-hour training outlined in this manual. This training should then be followed up with periodic refresher training and/or on-the-job training during supervisory visits. It can also be introduced in a larger training on family planning. 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 Balanced Counseling Strategy in family planning services, providers should receive the initial full-day training and subsequent supervision and refresher training.

The exercises in this trainer's guide can be given all together in an 8-hour workshop and/or used separately during staff meetings or on-the-job training during supervisory visits. The importance of repetition for mastering any new skill or methodology cannot be emphasized enough. The success of the Balanced Counseling Strategy lies in the provider's ability to use the BCS job aids. Thus, practice should be a priority during any training or supervisory event.

Trainers are encouraged to adapt any of the exercises in this module and/or add other exercises that are helpful for enabling service providers to effectively use the Balanced Counseling Strategy approach for family planning service provision.

Tips for Trainers

1. Read this entire *BCS Trainer's Guide* to prepare for the workshop. This guide gives detailed steps on how to conduct the training. Note that there are over 3 hours of role plays and practice exercises. It is important to stick to the suggested timing in the manual to ensure sufficient time for practice. Feel free to adapt the exercises to your local situation.

2. Practice using the BCS job aids to counsel family planning clients. Familiarity with the job aids will enhance your capability as a trainer of the Balanced Counseling Strategy approach to service provision.

3. Familiarize yourself with the *BCS User's Guide*. Flag pages that you refer participants to during training.

4. Prior to the training, make sure you have 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: A Toolkit for Family Planning Service Providers* that contains the *BCS User's Guide*, *BCS Trainer's Guide*, and the three BCS job aids.)

5. Make sure there are enough BCS brochures for providers to use in their practice after the training. When the BCS model was replicated in Guatemala, all workshop participants (i.e., service providers) were given a year's supply of brochures to use after the training.

6. *The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers* 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 user's guide. You can also photocopy these materials if printing is not an option.

7. This is an 8-hour training and should be conducted in one day. The majority of the exercises can also be used for retraining providers during supervisory visits.

8. The most effective training plan, as demonstrated by the Guatemala experience, is to conduct the one-day training and provide 4 to 5 supervision visits and retraining for 6 months after the initial workshop.

9. 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 is.
- Invite the group to answer the participant's question. This 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 the training. As you observe how the training is being received, adjust the facilitation to meet participants' learning needs, as needed.

If you notice participants are:	**Try this:**
Bored	■ Speed up the pace of the training. ■ Take a break. ■ Stop talking and invite more participation, such as asking questions or getting participants to practice. ■ Change your training style: use different training techniques such as turning off PowerPoint and just talking. ■ Conduct impromptu practice or small group work.
Confused	■ Ask questions to clarify participant's understanding of the topic. ■ Give examples or demonstrate. ■ Have others in the group explain the topic. ■ Have participants practice. Provide hands-on assistance, if necessary.
Sleepy	■ Make sure the room is not too warm or stuffy. ■ Make sure there is enough light. ■ Use a variety of training methods and aids. ■ Conduct impromptu icebreakers. ■ Take a break.
Inattentive (talking, writing, looking at their watches, shuffling papers)	■ Stop talking and ask questions. ■ Walk among the participants. ■ Have participants practice. ■ Ask others to explain the topic. ■ Speed up the pace. ■ Change your training technique.
Attentive	Keep going.

10. ***Remember:*** Effective training techniques keep participants engaged in the learning process and help trainers assess how the training is being received and adjust the training process accordingly.

Sample Agenda

Balanced Counseling Strategy
Training for Family Planning Service Providers

8:00 – 8:40 am	Welcome and Telephone Exercise
8:40 – 9:00 am	Introduction to the Balanced Counseling Strategy
9:00 – 9:50 am	Using the Balanced Counseling Strategy — Steps 1 to 3
9:50 – 10:10 am	Break
10:10 – 11:30 am	Using the BCS — Step 4
11:30 – 12:30 pm	Using the BCS — Steps 5 to 7
12:30 – 1:30 pm	Lunch
1:30 – 2:15 pm	Using the BCS — Steps 8 to 11
2:15 – 3:15 pm	Practice — Role Play #1
3:15 – 3:30 pm	Break
3:30 – 4:30 pm	Practice — Role Play #2
4:30 – 5:00 pm	Next Steps and Closing

Welcome

Time: 20 minutes

By the end of this session, participants will:

- Know more about each other.
- Understand the purpose of this training.
- Set ground rules for the training.

Materials and advance preparation

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

Instructions

Icebreaker

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 five 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, you will be able to use the Balanced Counseling Strategy job aids to counsel family planning clients.

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 that introduces the need for the Balanced Counseling Strategy and involves participants from the outset of the training.

Telephone Exercise

Time: 20 minutes

By the end of this session, participants will:

- Describe why it is difficult to remember information that is given verbally.
- Describe at least two ways to better support family planning counseling.

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 at the end of this exercise). If an overhead projector or computer and projector are not available, draw the graph from Overhead #1 on flipchart paper.

Instructions

A. Conduct the telephone 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 4th or 5th person and the last person in the semicircle the same.

3. Explain 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% of what they hear, 45% of what they hear and see, and 70% 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 s/he 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. Process the purpose of the exercise

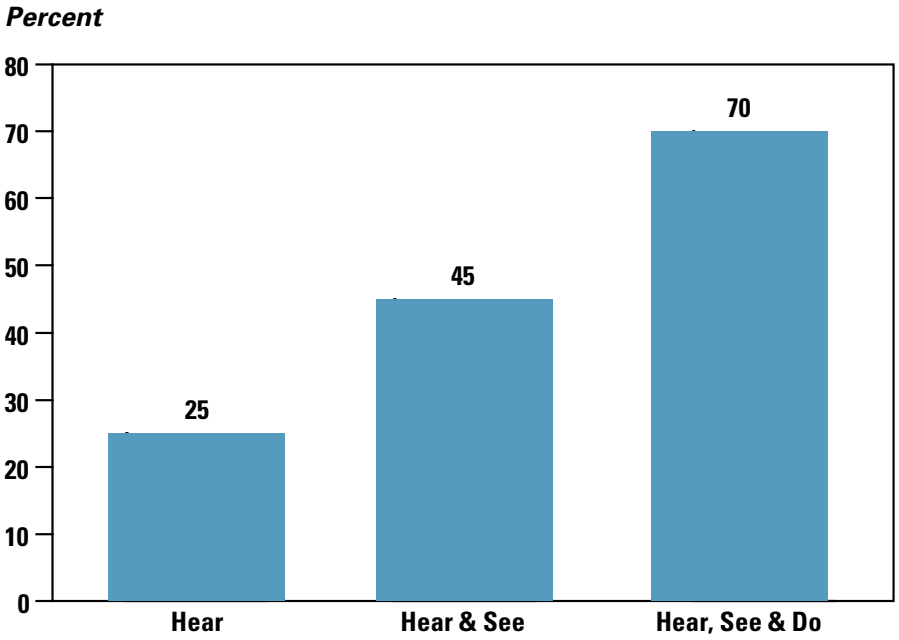
1. Ask why the message got so distorted.

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 him or her of the message.

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

Retention Rates After 60 Days



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 that could impact the client. Write responses on the flipchart.
9. Mention that if they, the participants, cannot 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 Balanced Counseling Strategy was developed.

Introduction to the Balanced Counseling Strategy

Time: 20 minutes

By the end of this session, participants will:

- Understand why the Balanced Counseling Strategy was developed.
- Become familiar with the BCS job aids.

Materials and advance preparation

- Have enough copies of *The Balanced Counseling Strategy: A Toolkit for Family Planning Service Providers* 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, make sure there are enough copies of *BCS User's Guide* and BCS job aids for each participant.)
- If you have not already done so, review the *BCS User's Guide*.
- Have a copy of the BCS toolkit to use during the training.
- Have flipchart (newsprint) paper and markers available.
- Before the workshop, prepare a flipchart paper or PowerPoint with a summary of the three key findings mentioned in point #1 on next page.
- Before the workshop, prepare a flipchart paper or PowerPoint with the definition of a job aid (see point #4 on next page).
- Place a copy of the *BCS Toolkit* on the desk or table where each participant will sit.

Instructions

1. Explain that in 1999 the Peruvian Ministry of Health (MOH) and the Population Council conducted a study to assess Peruvian 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 client's wishes.**
     - They mainly asked medical questions, such as date of client's last menstruation.
     - They 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.
     - The 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 MOH clinics—whether or not the methods suited the client's needs.
     - This overloaded clients with more information than they could remember and much they could not use.

   - **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 MOH 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 model is called the Balanced Counseling Strategy or BCS. Job aids are a key component of the BCS model.

4. Clarify what a job aid is. (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.

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.

5. Ask participants to open their copy of the *The Balanced Counseling Strategy: A Tool for Family Planning Service Providers*. Allow them a minute or so to open the package and look at its contents.

6. 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:

   - **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 questions posed, 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.

   - **Counseling cards** for the provider to use 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 contain information about different family planning methods. Each method card contains the following to help the client get an idea about the specific method:
     - An illustration of the contraceptive method on the front of the card.
     - A description of 5 to 7 key features of the method on the back of the card.
     - The level of the method's effectiveness to prevent pregnancy. This is written and illustrated by a number on the lower left-hand corner of the card.

   - **Method brochures:** There are 15 method brochures—one for each family planning method represented by a counseling card. The brochures are used to help the service provider talk to the client about the method s/he has chosen. The brochure is then given to the client so that s/he can take it home to read later. With the brochure in hand, the client does not have to rely on her/his memory about what was discussed with the provider.

     The BCS method cards and brochures incorporate the latest international family planning norms and guidance as recommended by the World Health

Organization, including the 2004 *Medical Eligibility Criteria for Contraceptive Use* (WHO 2004) and the 2007 *Family Planning: A Global Handbook for Providers* (WHO/RHR and JHU/CCP 2007).

- *BCS User's Guide* is an instruction guide on how to implement the Balanced Counseling Strategy. It is a detailed explanation of the 11-step BCS algorithm.

7. Explain that participants should refer to the *BCS User's Guide* when they need to remember how to use the Balanced Counseling Strategy. The *BCS User's Guide* is more comprehensive than the BCS algorithm.

8. Point out that these job aids were tested in several countries and revised multiple times based on input from service providers and family planning clients.

9. Emphasize that providers were more successful and gave better quality care when they used the BCS job aids during their interactions with family planning clients.

10. Ask if there are any questions before proceeding.

11. Mention that participants are now going to learn how to implement the Balanced Counseling Strategy using the BCS job aids.

Using the Balanced Counseling Strategy

Time: 4 hours

By the end of this session, participants will:

- Be able to use the BCS job aids to counsel a family planning client.

Instructions

Ask participants to follow along in their *BCS User's Guide* as you explain the three BCS counseling stages and the steps and actions under each stage.

A. Pre-choice stage

Step 1: Establish and maintain a warm, cordial relationship. Listen for the client's contraceptive needs. (10 minutes)

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 if the client would like to use a family planning method. If so, rule out pregnancy as described in **Step 2**.

2. Ask participants if 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 counseling card with 6 questions. (10 minutes)

1. Explain that it is important to rule out pregnancy before proceeding with a family planning consultation. Pregnancy is a contraindication for most methods.

2. Ask participants to take out their BCS counseling cards and look at the 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 within 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.

If client answers:	Then:
"Yes" to <u>any</u> of the questions *<u>and</u>* is free of signs and symptoms of pregnancy	1) Pregnancy is unlikely. 2) Continue to **Step 3**.
"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.

Role Play (20 minutes)

1. Have participants practice a very short role play.

   a) Divide participants into pairs. (***Note***: It will save time if you have them partner up with someone sitting next to them.)

   b) Ask one person in the pair to be the "service provider" and the other person to be the "client."

   c) Ask the provider to "establish a cordial and warm relationship."

   d) Use the questions on the counseling card to rule out whether the client is pregnant.

   e) Ask the client to think of a family planning client they counseled lately and to play that role.

   f) Remind the provider to use good counseling skills.

   g) Allow about 7 minutes for this short role play.

   h) After 7 minutes, ask the participants to switch roles. Allow about 5 minutes for the second role play.

2. After 5 minutes give participants 1 minute to wrap up what they are saying.

3. Ask if they have any comments or questions.

4. Address any questions and/or comments before proceeding to Step 3.

Step 3: Display all of the counseling cards. Determine if the client wants a particular method. (10 minutes)

1. Display all of the counseling cards as shown in Figure 1 of the *BCS User's Guide*.

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?"

If client:	**Do this:**
Says "No"	Continue to **Step 4**.
Says "Yes"	1) Ask what the client knows about the method. 2) If the information is correct, go to **Step 7**.
■ Gives incomplete information about the method s/he has chosen **— or —** ■ Does not know other alternatives that might be more convenient	1) Correct any misinformation. 2) If necessary, go to **Step 4** to help the client choose a method.

Step 4: Ask all of the following questions and set aside counseling cards based on the client's response. (50 minutes)

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 or 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 counseling cards per the instructions in the table below.

If:	**Do this:**
"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.

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.

If:		**Do this:**
"Yes"		1) Set aside the combined oral contraceptives (the Pill) and combined injectable card (CIC) cards. 2) Explain that the hormones in these methods affect breastfeeding.
"No"	Woman has begun monthly menstrual bleeding again	1) Set aside the lactational amenorrhea method (LAM) card. 2) Explain that LAM is not suitable for women who are having menstrual bleeding again.

10. Ask if there are any questions.

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.

If:	Do this:
"Yes"	Continue with the next question.
"No"	1) Set aside the following cards: male condoms, female condoms, Standard Days Method, and TwoDay Method. 2) Explain that these require partner cooperation. 3) Invite the client to bring her/his partner to a counseling session to discuss family planning with a provider. 4) Continue with the next question.

13. Answer any questions before proceeding.

14. Ask the last question: ***"Are there any methods that you do not want to use or have not tolerated in the past?"***

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

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

16. Answer any questions before proceeding to role play.

Role Play (30 minutes)

1. Have participants practice a short role play.
   a) Ask participants to get back into the same pairs as before.
   b) Have one person in the pair play the "service provider," and the other person the "client."
   c) Ask the provider to use the counseling cards to help the client narrow down appropriate methods for her/him, using Steps 3 and 4.

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 BCS questions.

e) Remind the provider to use good counseling skills.

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

f) Allow about 10 minutes for this role play.

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

2. When the role play is over, ask participants to comment on their experience.

3. Ask if they have any questions. Address all comments and questions before proceeding.

4. Remind participants that the Balanced Counseling Strategy was developed in response to the finding that providers were giving clients too much information on all the methods, regardless whether the method was relevant to the clients' needs or reproductive intentions.

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

6. Explain that this helps reduce the amount of information we give clients, thus improving retention and recall of information. Remind participants of the telephone game.

What to do if methods are not available

1. Ask participants what they would do if methods such as the IUD, tubal ligation, and/or vasectomy are 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).
   - If the client selects a method that is not available, give her/him a brochure about the method.
   - Refer the client to a facility where s/he can obtain the method.
   - Provide the client with a back-up method, such as condoms, 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 or 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 about the method s/he has chosen.
   - Refer the client to another facility or commercial outlet for the method.
   - Provide the client with a back-up method.
   - Ask her/him to return to the facility when the method is in stock.

5. Ask if there are any questions or comments. Respond to all before proceeding.

B. Method choice stage

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

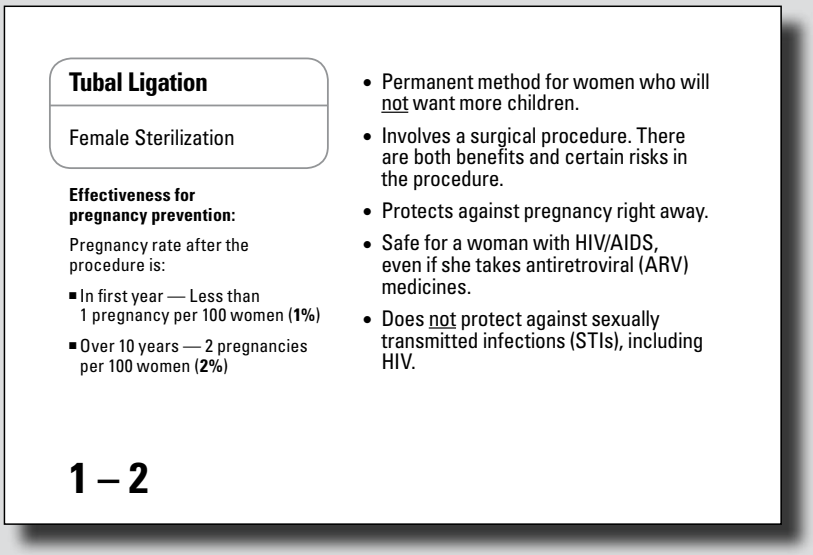
2. Review the section on method effectiveness, pointing out:
   - The written description of the method's effectiveness.
   - The number on the lower left-hand side of the card that also represents the effectiveness.

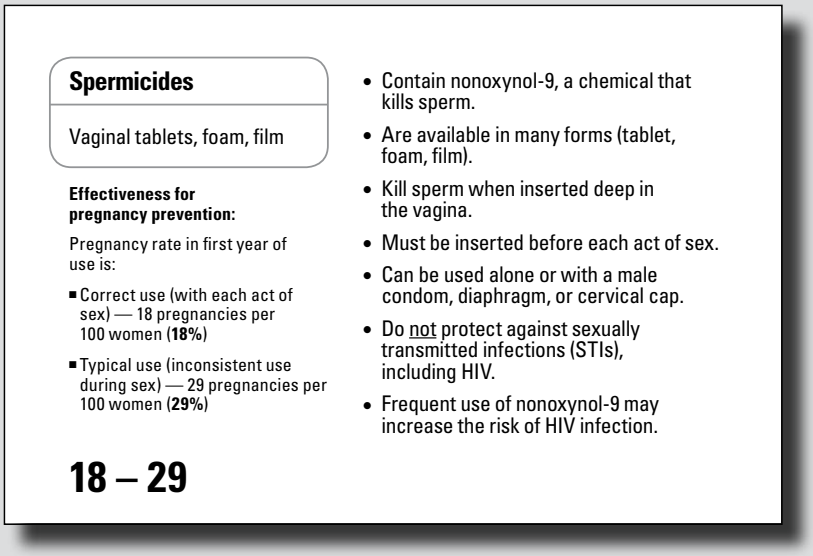
3. Explain that method effectiveness is measured in the number of pregnancies among 100 women in the first year of using the method.

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 out method effectiveness on the tubal ligation and spermicides counseling cards as examples.

Examples of method effectiveness





Step 5: Give information on the methods that have not been set aside, indicating their effectiveness. (10 minutes)

1. Mention that during the previous role play, participants set aside counseling cards based on their partner's responses to the questions posed.

2. Have participants arrange the remaining cards in order of their effectiveness. The cards should go from the lowest to highest number of effectiveness.

3. Demonstrate how to display the cards with the lowest numbers of effectiveness first and the highest numbers last.

4. Point out the 5 to 7 features of the method on the counseling cards provided to the right of the information on method effectiveness.

5. Beginning with the card with the lowest number, the provider reviews with the client the 5 to 7 features of each method represented by the remaining counseling cards.

6. 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.

7. Point out that by beginning with the card with the lowest number and finishing with the card with the highest number, the provider discusses the most effective methods first.

8. Emphasize that whether or not it has been set aside, a provider should tell the client that condoms are the only method that offers dual protection: protection against unwanted pregnancy and sexually transmitted infections (STIs), including HIV.

Step 6: Ask the client to choose the method that is most convenient for her/him.
(5 minutes)

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

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

3. Explain that once the method is chosen a provider should not take the 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.

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

6. Ask if participants have any questions or comments. Be sure to answer all questions before proceeding to Step 7.

Step 7: Using the brochure for the method selected, determine if the client has any conditions for which the method is not advised. (10 minutes)

1. Ask participants to take out the BCS brochure on the Pill. Review the brochure, highlighting the different sections:
   - General information (This is the same information as on the BCS counseling card.)
   - How method works
   - Important facts
   - When method is not advised
   - Side effects
   - How to use
   - When to return to the health care facility

2. Explain that the provider selects the brochure of the method the client has chosen. Let's pretend that it is the Pill.

3. 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.

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

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

6. 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:

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

Role Play (30 minutes)

1. Ask participants to pair up with another person.

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 7 and using the BCS counseling cards and method brochures.

4. Ask 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 7 in the *BCS User's Guide* as support. Remind them to use good counseling skills.

7. Allow about 15 minutes for this role play. Then, ask the pairs to switch roles and repeat the process.

8. Allow about 15 minutes for the second role play.

> ***Note:*** As participants conduct 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.

C. Post-Choice Stage

Step 8: Inform the client about the method chosen using the brochure about the method as a counseling tool. (8 minutes)

1. Note 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. [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 this 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
   - When the method is not advised
   - Side effects
   - How to use
   - When to return to the health care facility

4. After the provider has discussed the information in the 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.

Step 9: Determine the client's comprehension and reinforce key information. (7 minutes)

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?
   - What are the signs for 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. Ask if the client 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. (10 minutes)

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.

If the 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 his/her mind. The client has a right to informed choice. 2) Return to **Step 5**.

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 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. (5 minutes)

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

2. Explain that it is important to encourage the client to return to the clinic any time s/he has a question or wishes to change methods.

3. Remind participants that as they end a counseling session, they should be warm and cordial. This attitude will encourage the client to feel welcome to return.

4. 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.

5. Ask if there are any questions. Respond to all questions and comments before role-playing how to use the Balanced Counseling Strategy with a participant.

Small-group exercise (15 minutes)

1. Have participants divide into pairs again.

2. Ask the first person in the pair to explain Steps 8 and 9 to his/her partner. Allow about 5 minutes for this.

3. After 5 minutes, ask the pairs to switch roles and have the person who was previously listening explain Steps 10 and 11 to her/his partner. Allow about 5 minutes for this.

4. Once the exercise is over, ask participants for any comments or questions. Address comments and/or questions before proceeding.

Practice Session Role Plays

Time: 2 hours

By the end of this session, participants will:

- Counsel each other 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 play.
- Note that the ideal method for each role is written in parentheses at the end of each script.

Instructions

A. Role play #1 (60 minutes)

Partnering participants (10 minutes)

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

2. Explain that all of the "1s" are going to be "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 client who they will work with.

5. Once participants have found a partner, give each participant playing the "client" a script.

Conducting the role play (30 minutes)

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

2. Ask that they 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 25 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 onto that information for when you are processing the role play.

4. After 20 minutes, tell participants that they have 5 minutes to wrap up their counseling session.

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

Processing the role play (20 minutes)

1. When the time is up, ask the participants who played the provider what it was like going through the entire BCS process.

2. Ask if 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 "need for improvement" comments based on your observations during the role plays.

B. Role play #2 (60 minutes)

Assigning new roles (5 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 (30 minutes)

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 they are doing. Note anything you see that is not being done well and hold onto that information for when you are processing the role play.

Processing the role play (25 minutes)

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

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

3. Ask 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 steps.

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.

(Combined Monthly Injectable — 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 wants 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.

(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.

(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 a 25-year-old woman who is fully breastfeeding your 3-month-old child. You have had some spotting since delivery. Your husband and you do not want to have another child for a little while. You want to get an education before adding to your family. You are very religious and would prefer not to use modern methods. Your husband does not like to use condoms but is supportive of family planning.

(LAM and then Standard Days)

You are an adolescent boy who has come to the clinic with a sexually transmitted infection (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 her 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 three 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.

(Progestin-only injectable — DMPA is best as 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.

(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.

(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 as 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 or TwoDay Method, appear to be interested. Then, reveal that your monthly menstruation cycles are very irregular. Indicate an interest in spermicides.

(Spermicides)

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—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.

(Combined injectable contraceptive [CIC] until client can get a tubal ligation 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.

(Vasectomy)

Next Steps and Closing

Time: 20 minutes

By the end of this exercise, participants will have:

Made a plan to incorporate the Balanced Counseling Strategy 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

Next steps

1. Ask participants how they like using the Balanced Counseling Strategy and job aids.

2. Remind participants that the 11-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 11 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 Balanced Counseling Strategy in their health care facilities. (***Note:*** Write responses on newsprint or flipchart paper.)

7. Ask if 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. A guideline for adapting these job aids is provided in Appendix 2 of the *BCS User's Guide*.

Closing

1. Thank participants for their participation.

2. Conduct any closing activities and distribute certificates of completion, if available.

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Appendix

Evolution of the Balanced Counseling Strategy and results of operations research (OR) studies assessing its effectiveness in improving quality of care

The Population Council has worked for decades on projects to improve the quality of reproductive health care, particularly the quality of family planning services. Quality of care, especially 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 such as satisfaction, use and continuation of appropriate contraception, achievement of reproductive health goals, as well as successful birth spacing or limitation and improved reproductive health. Studies have shown that strengthening providers' performance can improve CPI.

The Balanced Counseling Strategy (BCS) was developed to improve client-provider interaction in family planning provision. BCS is a practical, interactive, client-friendly process of helping clients select an appropriate contraceptive method. The process, tested and refined in several countries, involves a set of steps to determine the method that best suits the client according to her/his preferences and reproductive health intentions. The BCS model consists of three job aids: 1) an algorithm that explains the steps needed to implement BCS, 2) counseling cards, and 3) method brochures. Findings from studies that tested the BCS model indicate that it improves the quality of the provider's counseling and allows the client to take ownership of the decision.

This innovative approach to counseling family planning clients has been systematically and rigorously evaluated. In previous studies, the BCS was adapted to fit the policy environment and method mix in several Latin American settings. Findings from these studies indicate that the strategy has been extremely effective in improving quality of care in primary health centers when providers used the three BCS job aids. Further research showed that additional supervision of providers increased provider compliance. A summary of this research follows.

Initial study leading to the development of the Balanced Counseling Strategy

In the late 1990s the Peruvian Ministry of Health (MOH) modified its policies to enhance the quality of family planning services. The Peruvian MOH and the Population Council's Frontiers in Reproductive Health Program (FRONTIERS) conducted an operations research study in 1999 to assess Peruvian providers' compliance with new national guidelines on family planning care and to develop methods for monitoring compliance. Three main findings emerged:

- **Providers failed to discuss clients' wishes.** Providers mainly asked the client medical questions, such as the date of her last menstruation. They 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. Further, the clinical 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 methods available at the MOH clinics, whether or not the methods suited the client's needs. This overloaded clients with more information than they could remember. Further, clients could not even use much of the information provided.

- **Information provided on the chosen 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. As a result, clients interviewed after the consultation often knew little about the method they had chosen. Take-home pamphlets, which might have provided further information, were either unavailable or incomplete.

To address these weaknesses in counseling and quality of care, the Population Council/FRONTIERS worked with the MOH to develop and test a more practical, interactive, and client-friendly strategy. This new model, called the Balanced Counseling Strategy (BCS), was designed to simplify decision-making and respond to the client's needs and reproductive intentions. The BCS included three job aids that providers would use to counsel clients on family planning: a poster outlining a five-step algorithm on how to use the BCS model; a set of 11 palm-sized cards, one per contraceptive method offered; and 11 four-page pamphlets, one for each method available. The counselor would display the method cards at the start of counseling, discard cards for methods irrelevant to the client, and retain those that matched the client's reproductive intentions. Once a method was chosen, the client received a brochure about the method to take home.

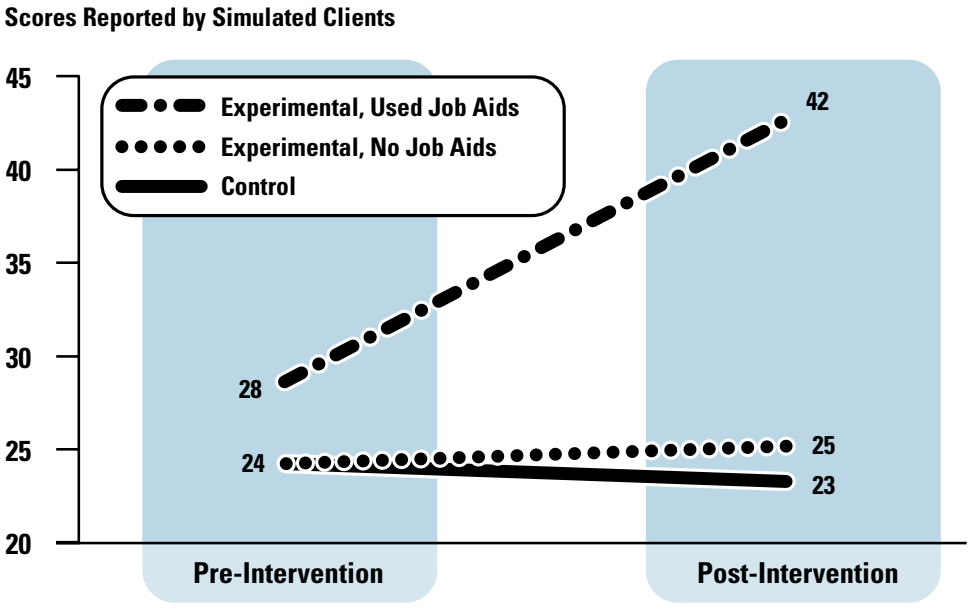
Testing the Balanced Counseling Strategy in Peru (Phase 1)

Between 2000 and 2002 the Population Council conducted an operations research (OR) study to test the effectiveness of the Balanced Counseling Strategy and accompanying job aids in Peru's family planning clinics. Between June 2000 and March 2001 project staff conducted workshops on the Balanced Counseling Strategy for MOH service providers and family planning coordinators. The first set of workshops, consisting of a 2-day training on how to use the BCS model, targeted 300 providers, 25 from each of the 12 experimental sites.

The second workshop, also a 2-day training, involved training family planning coordinators. These coordinators were responsible for providing a 1-day refresher course to trained providers 6 months after their initial training. A total of 75 family planning coordinators and 279 providers (of whom 60 percent had participated in the first training session) were trained on how to use the BCS model. Each participating provider received the counseling poster, method cards for use in the clinic, and a year's supply of method pamphlets. Client contraceptive use, achievement of reproductive goals, and method knowledge were measured following the intervention (Phase 1) and 13 months later (Phase 2).

Results from Phase 1 of the operations research study revealed there were statistically significant improvements in quality of care among the experimental group —if the provider used the job aids. The benefits for clients were less marked when the providers received less than the 3 days of training (see Figure A1).

Figure A1: Quality Scores of Peruvian Providers at Experimental and Control Clinics by Use or Non-Use of Job Aids



Source: León et al. 2003b.

The largest improvements took place among the providers who used both the method cards and the pamphlets with the algorithm. However, not all providers used the job aids. While simulated clients reported that 64 percent of providers used at least one of the job aids, only 37 percent of the trained providers used all the job aids in their interactions with clients. This was attributed to the shortness of the training and weaknesses in the implementation of the reinforcement component of the BCS model.

The effects of using the job aids on clients' knowledge were mixed. The knowledge of clients requesting the IUD and hormonal methods was significantly higher when they consulted with providers who used the job aids. However, the knowledge of clients who chose other methods did not differ significantly between control and experimental groups.

Use of the Balanced Counseling Strategy model and job aids added an average of 4 minutes to each counseling session. The increased time, however, did not detract from the number of clients who received family planning service either on a daily or quarterly basis.

Peru operations research study (Phase 2)

Clients who participated in post-test interviews during Peru's Phase 1 study were recruited to participate in the 13-month Phase 2 study to assess whether the BCS intervention that resulted in substantial quality of care improvement and significant client knowledge of the method chosen would enhance subsequent use of family planning. Phase 2 sought to assess the impact of the BCS on such long-term outcomes as one-year contraceptive use, continuation rate, attainment of reproductive goals, and knowledge of the method chosen during the consultation.

Findings from Phase 2 of the OR study indicated that clients of providers who used the BCS strategy and job aids to counsel clients showed a modest increase of one-year use of needed contraception following method choice (81% versus 78%). Quality-related continuation, which can be modified by program interventions, was also higher in the experimental group. The study also observed attainment of reproductive goals over one year among clients who consulted with the trained providers. However, this intervention failed to influence goal attainment when goals were defined at the time of first contact with the program.

The positive effects of the BCS intervention on long-term use of contraception and reproductive goal attainment can be attributed to the client's more informed choice of method afforded one year earlier in the interaction with the trained provider. It was speculated that two factors played a role in this outcome. First, the sequential decision-making made the client less exposed to information overload pertaining to irrelevant methods and probably enhanced the choice of method best suited to the client. Second, it is possible that the BCS method pamphlet played a positive role as a memory aid for the client.

Findings from these studies were disseminated to key stakeholders in Peru and beyond. This dissemination generated an opportunity to test the Balanced Counseling Strategy in other settings.

BCS adapted and replicated for use in Guatemala

In late 2000 the Guatemalan government learned that the Peru MOH was successfully introducing a job aids-assisted counseling strategy that yielded positive outcomes. The Balanced Counseling Strategy seemed to promise a solution to the Guatemalan government's service delivery problems. The government asked to test the Balanced Counseling Strategy and job aids in Guatemala.

In 2001 and 2002 the Population Council's Frontiers in Reproductive Health Program (FRONTIERS) conducted two operations research projects. One project tested the Balanced Counseling Strategy and job aids in a large sample of Ministry of Public Health and Social Assistance (MSPAS) rural health centers serving Mayan and Spanish-speaking ethnic groups. The second study tested the BCS approach in an urban hospital run by the Guatemalan Institute of Social Security (IGSS). A description of each study follows.

In mid-2001 the MSPAS began working with the Calidad en Salud (Quality in Health) project to test the effectiveness of the BCS model among providers at Guatemalan health centers and rural health posts. The BCS algorithm was adapted to include more steps because the researchers thought that the less formally trained auxiliary nurses would find Peru's sparse 5-step algorithm difficult to follow.

Project designers set out to overcome the weaknesses of the Peru experience and strengthen the motivation of providers to use the new counseling tool. To this end, project staff implemented an expanded strategy to train service providers in using the BCS model. Special emphasis was placed on the reinforcement of learning through supervision. The intervention took place in 40 facilities in two departments populated by Spanish-speaking and Mayan ethnic groups. There were 40 control facilities in demographically similar departments.

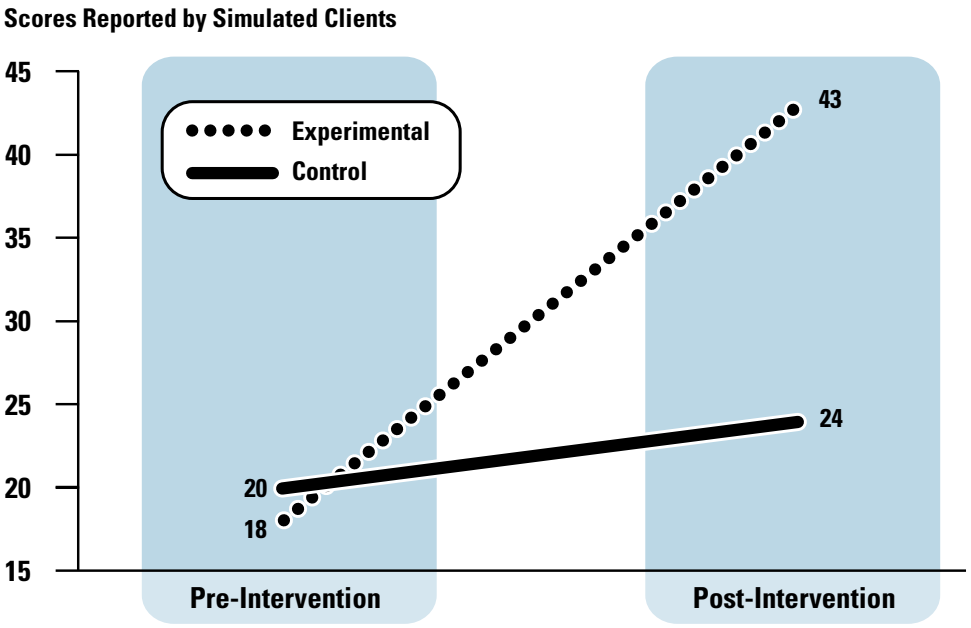
Findings from the MSPAS study showed the following:

1. The quality of care improved significantly among the experimental clinics following the intervention. (See Figure A2.)

2. Simulated clients reported that nearly 72 percent of the providers in the experimental facilities used the BCS algorithm with cards and pamphlets. This result is considerably better than the 37 percent use achieved in Peru and suggests that the four revisits provided important reinforcement of the training.

3. Time used during each session increased by 7 minutes in the experimental group. Improvements in quality of care were associated with the increased counseling length. Overall, however, increased counseling time is unlikely to hinder client flow, as long as the proportion of new users remains around 10 to 15 percent.

Figure A2: Average Quality Scores of Providers at Experimental and Control Clinics in Guatemala



Source: León et al. 2003a.

In spring 2001 the IGSS tested the BCS model and job aids for use in its Gynecology and Obstetrics Hospital, a large facility in Guatemala City that provides family planning to more than 12,000 postpartum and postabortion clients annually.

IGSS worked with Calidad en Salud to adapt the BCS algorithm and job aids used by MSPAS for use among its providers. As with the MSPAS study, project staff sought to strengthen the training component through additional supervisory support after the initial 8-hour training.

Findings from this study showed significant improvements in quality of care. Examples of these improvements include:

1. More clients reported receiving the method they wanted and that the method choice was based more on client preferences than provider bias.

2. Physicians spent more time giving information on the method chosen than prior to the intervention.

3. Counseling time with clients increased for physicians but not social workers.

4. Client knowledge about the method chosen increased post-intervention by 35 percent.

However, the mix of contraceptive methods did not change as a consequence of the intervention. Details of the two Guatemala studies can be found in Table A1.

Table A1: Specifics of Guatemala BCS Operations Research Studies (2001–02)

	MSPAS	IGSS
Quality of care problems	Problems detected prior to this study (from another study in 1997): ■ Medical barriers to FP. ■ Users often did not receive enough information about method chosen. ■ 1/3 of providers informed users about side effects. ■ 1/3 of providers gave out client aids. ■ Barely 46% of clients received the method they desired. ■ Providers used a highly technical flipchart to educate clients.	Problems detected prior to this study: ■ Providers spent little time with clients during counseling session. ■ They did not offer all the methods available at the clinic. ■ Providers gave clients incomplete information about methods. ■ Information provided was usually highly technical. ■ Need for standardizing counseling procedures to ensure better informed choice. ■ Client aids were deficient—no material to take home.
Algorithm adapted	■ Adapted to 22 steps because belief was that auxiliary nurses could not follow the sparse 5-step algorithm from Peru.	■ One for social workers (SW)—expanded to 23 steps because belief was that they could not follow the sparse 5-step algorithm from Peru. ■ One for physicians—slightly different than SW, had 24 steps.
Method cards and brochures adapted	■ 2001: 1 pregnancy card and 8 method cards adapted. ■ 2002: Calidad en Salud finishes brochures. ■ Cards and brochures consistent with MSPAS national reproductive health guidelines. ■ Trained providers were given BCS job aids.	■ 2001: 1 pregnancy card and 8 method cards adapted. ■ 2002: Calidad en Salud finishes brochures. ■ Cards and brochures consistent with IGSS family planning norms. ■ Trained providers were given BCS job aids.
Training implemented	March–July 2002: approximately 340 providers trained in 2 sites: ■ One 6-hour training. ■ 4 revisits with each provider. ■ 4 sessions of supervisory training of 4 hours each conducted for provider retraining.	2002: 20 providers trained: ■ 8 hour training divided into two 4-hour days, 3 hours dedicated to role-playing. ■ Providers were monitored 2 times a week for 8 weeks during counseling sessions and given feedback.

Results	■ 72% of the trained providers used all of the job aids in counseling clients. ■ Intervention improved the quality of care by exactly 3 standard deviations. ■ Time spent counseling client significantly increased. ■ Longer sessions did not have negative effects on client flow. ■ Gains in quality of care were the same between the 2 ethnically diverse study sites.	■ More clients reported receiving the method they wanted, and the method choice was based more on client preferences than provider bias. ■ Physicians spent more time giving information on the method chosen than prior to the intervention. ■ Counseling time with clients increased for physicians but not social workers. ■ Client knowledge about the method chosen increased post-intervention. ■ The improvement of quality of care required a costly investment.
Conclusions	■ Quality of care could be further improved if method pamphlets were continuously available at clinics. ■ Algorithm and job aids need to be revised. Algorithm was too difficult to follow. ■ Method stock, referrals, and contraindications on cards were too complex.	■ Continue using BCS. ■ Adjust and test instructions for post-choice to improve client outcomes.

Scale-up in Guatemala

Due to the excellent results of the two operations research studies in Guatemala, the USAID Mission in Guatemala requested that FRONTIERS, in collaboration with the Calidad en Salud project, work to improve clients' ability to make an informed choice of contraceptive method in public health service delivery institutions in Guatemala by scaling up the use of the Balanced Counseling Strategy. Thereafter, all service providers in public institutions were trained in the use of the BCS methodology. This effort was implemented in collaboration with the Guatemalan Association of Female Physicians (AGMM).

In 2003, prior to the training, the BCS algorithm, method cards, and brochures were revised based on recommendations made by service providers and study participants from the previous studies. Training public health care institutions in the use of the BCS took part in three phases. In Phase 1 of the training process, a total of 47 trainers selected from project staff and MOH and IGSS personnel were trained to instruct trainers of the Balanced Counseling Strategy. During Phase 2, the master trainers who received instruction during Phase 1 trained a total of 165 new trainers in all health districts. In turn, the district trainers taught the Balanced Counseling Strategy to

approximately 2,000 MSPAS nurses, nurse auxiliaries, and social workers in the 284 health districts nationwide. A strong supervisory component was added to the training agenda to ensure that trainees could demonstrate competence in using the counseling methodology.

The IGSS family planning staff began implementing their training program in mid-2003. A total of 182 IGSS staff were trained, including doctors, nurses, auxiliary nurses, social workers, administrative staff, and health promoters and educators.

Results of the previous OR projects conducted in Guatemala indicated that training, especially the supervisory visits, was costly. In an attempt to facilitate the use of the BCS model and avoid the high cost of training, a simple user's guide was developed. The user's guide outlines the steps a provider needs to take to implement the BCS model, including how to use the simplified algorithm and the BCS job aids.

Mexico

The Balanced Counseling Strategy was also tested and used in Mexico. Based on experiences in Peru and Guatemala and suggestions made by research staff and providers there, the BCS algorithm was revised to include 11 steps. Additional methods were added to the BCS cards and brochures for a more international application. A user's guide was developed that explained how to use the 11-step algorithm. It was pre-tested with 15 physicians and nurses in Mexico City.

During the pretest of the user's guide, service providers were given 4 hours of training, half of which was role-playing. Results of the pretest revealed that while the providers liked the user's guide and the Balanced Counseling Strategy, they felt that training was still necessary to introduce the BCS model and job aids to family planning providers. Findings also indicated that program managers needed to get involved and promote the use of the BCS model, as well as provide supervision during consultations. Given that the BCS studies in Peru and Guatemala also strongly supported the need to adequately train and support service providers on the use of the Balanced Counseling Strategy, FRONTIERS staff in Mexico drafted a short training guide.

Lessons Learned

The studies in Peru and Guatemala suggest the following lessons learned:

1. The Balanced Counseling Strategy improves the quality of family planning services—when providers use the job aids.

2. Professional, nonprofessionals, and paraprofessionals are capable of using the Balanced Counseling Strategy with the job aids when they receive sufficient training and support.

3. Although use of the Balanced Counseling Strategy increases the quality of family planning counseling, there is still room for improvement. Increasing the availability of method pamphlets and improving supervision to enhance the use of the method cards and pamphlets could help improve the quality of care provided.

4. Intensity of training affects compliance. The Peruvian providers were first exposed to the strategy in a 2-day workshop (4 hours per day), and then received a 1-day retraining workshop on the use of the BCS job aids. In contrast, Guatemala providers participated in a 1-day workshop (6 hours) followed by four reinforcing supervisory visits. Researchers believe that the close and continual supervision provided in the Guatemala interventions contributed to the high level of compliance and resulting quality of care improvements made at the experimental clinics.

5. Finally, institutional leadership reinforces compliance. Though Peruvian MOH authorities expressed their commitment to the innovation, field observations suggested that institutional involvement was not apparent after the experiment began. In Guatemala, on the other hand, the MSPAS and health area directors accompanied the intervention team during the revisits to the trained providers. This probably increased providers' perception of higher level support and involvement.

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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