

# Application of Balanced Counseling Strategy (BCS) Plus in Family Planning Consultation



# Objectives

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

1. Explain the term “Balanced Counseling Strategy (BCS) Plus”
2. Describe briefly the traditional counseling approaches in FP/RH and HIV consultations
3. Outline some of the limitations of the traditional FP/RH and HIV counselling models
4. Describe the importance of Balanced Counseling Strategy (BCS) Plus



# Objectives....

5. Present the various BCS job aids and describe their major features and roles
6. Outline the stages involved in implementing BCS Plus in FP consultation
7. Discuss detailed steps of the Algorithm to guide implementation of BCS Plus within FP Clinic
8. Demonstrate through role-plays how to implement BCS within an FP clinic setup.



# Meaning of Balanced Counseling Strategy Plus

- The Balanced Counseling Strategy (BCS) Plus is a practical, interactive, and client-friendly counseling approach that uses job aids to facilitate family planning consultations.
- BCS Plus was adapted from the original BCS that aimed at improving the quality of FP consultations, hence the term “BCS – Plus”. The adaption was necessary to make the strategy appropriate for settings that have high HIV & STI prevalence as is the case in Southern, Central and East Africa.



# Overview of Traditional FP Counselling Approaches

Two of the most common FP counselling approaches that have been in use for many years are

**(a) the GATHER, and**

**(b) the REDI counselling models.**



# the GATHER counselling model

The approach can serve as a useful tool in ensuring that providers are client-focused, as it emphasizes learning about the client and having a dialogue together rather than talking at the client.



# The REDI Model

- The **REDI** framework encompasses the elements of:
  - **R**apport-building - (Phase One)
  - **E**xploration - (Phase Two)
  - **D**ecision-making - (Phase Three)
  - **I**mplementing the decision - (Phase Four)
- This framework has been used in FP/HIV counselling sessions.



# Limitations of Traditional FP/RH and HIV Counseling Approaches

The GATHER and REDI approaches largely **rely on the memory of the health provider** to be able to remember key steps.

Providers fail to discuss **client's wishes**. Providers mainly ask medical questions (such as date of client's last menstruation).

Providers often give **excessive information** on most of the methods available in the clinics - whether or not the methods are suitable for the client's needs. -> Client overload.

Information provided on the **chosen method is usually sparse**.

Most of the counseling time is spent describing numerous method options.





# The importance of Balanced Counselling Strategy (BCS) Plus

is:

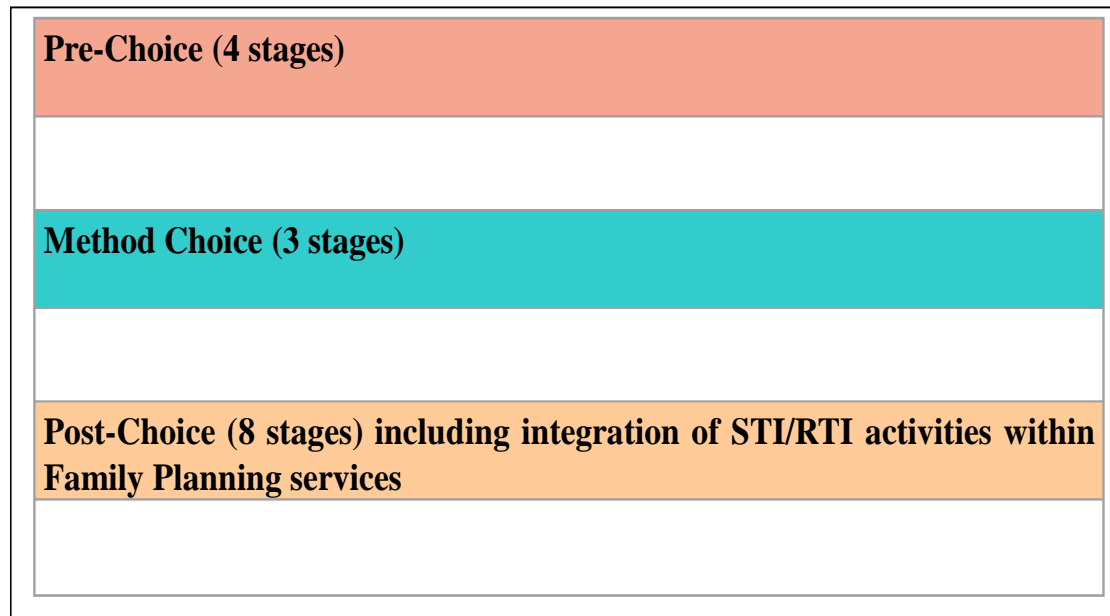
- client-centered
- assures privacy and confidentiality
- emphasizes the client's right to make informed and voluntary decisions
- designed to provide the information and the tools needed to improve the effectiveness and efficiency of consultations.
- use of BCS simplifies decision-making and responds to the client's needs and reproductive intentions in family planning counselling sessions.



# Balanced Counseling Strategy Plus Job Aids

More reliable than memory and designed to minimize trial and error and to reduce the amount of recall necessary to perform a task.

The BCS toolkit has three main job aids, viz. the algorithm, counseling cards and brochures as explained below:



# Detailed steps of the Algorithm to Guide Implementation of BCS Plus within FP Clinic

## (a) Pre-Choice

1. Establish and maintain a warm, cordial relationship
2. Rule out pregnancy using the method card with the checklist of questions.
3. Display all of the method cards. If the client wants a particular method, go to Step 7.
4. Ask all the questions for this sub-section as set out in the Algorithm and set aside method cards based on the client's response



## (b) Method Choice

1. Give information on the methods that have not been set aside, in order of their efficacy.
2. Ask the client to choose the method that is most convenient for her/him.
3. Determine if the method chosen is suitable for the client or not (contraindications), using the brochure.



## (c) Post-Choice

1. Form the client about the method, using the brochure of the method as a counselling tool.
2. Determine client's comprehension and reinforce key information if needed.
3. Make sure the client has made a definite decision and give her/him the method chosen and/or a referral and back-up method, depending on the client's needs.



## (c) Post-Choice....

4. Discuss RTI/STI/HIV transmission and prevention
5. Conduct HIV/AIDS risk assessment. If RTI symptoms, treat syndromically and advise on dual protection
6. Discuss and offer client opportunities for counselling and Testing for HIV
7. Give follow-up instructions, condom pamphlet and method pamphlet
8. Complete the counselling session by giving the client a follow-up appointment



