Balanced Counseling Strategy Plus (BCS +) in family planning consultations

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BALANCED COUNSELING STRATEGY PLUS (BCS+) IN FAMILY PLANNING CONSULTATIONS

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Population Council, Kenya
Outline

• What is BCS+
• Why BCS+
• What is different about BCS+
• How does BCS+ work
• Implementing the BCS+ in Kenya
History of Balanced Counseling Strategy

- **1990s:** Developed and tested BCS as a practical, interactive, client-friendly strategy for improving FP counseling in Latin America

- **2000s:** BCS expanded to BCS+ to address HIV/STIs in FP for high HIV prevalence settings; piloted in Kenya/South Africa (2004-2007)

- **2011:** Revised BCS+ (2nd edition) to include 2010 WHO Medical Eligibility Criteria (MEC) and cards on cervical cancer screening, postpartum and infant health

- **2015:** Revised BCS+ (3rd edition) to include 2015 WHO MEC; cards on adolescents, male services, post abortion care, and women’s support and safety; and updated provider instructions
What is different in BCS+

- Use of BCS+ simplifies decision-making
- Responds to the client’s needs and reproductive intentions in FP counseling sessions
- More reliable than memory and designed to minimize trial and error
- Reduces the amount of recall necessary to perform a task
- The BCS+ toolkit has three main job aids - the algorithm, counseling cards and brochures
Third Edition of BCS+ available online

https://www.popcouncil.org/research/the-balanced-counseling-strategy-plus-a-toolkit-for-family-planning-service
BCS+ Toolkit (3rd Ed.)

The Balanced Counseling Strategy Plus
A Toolkit for Family Planning Service Providers
Working in High-BRH/MYA Reservoir Settings

TRAINER’S GUIDE

USER’S GUIDE

ALGORITHM

METHOD BROCHURES

COUNSELING CARDS
COUNSELING ALGORITHM
## Steps in using the Algorithm

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1. Pre-Choice stage

- Provider creates the conditions that help a client select FP method (Refer algorithm step 1-6)
- NB: If pregnancy cannot be ruled out, the provider skips to steps 13 to 19 to discuss other relevant services the client may need
- Client is given a back-up method, such as condoms, and asked to return when she has her menses
2. Method Choice Stage

- More extensive information offered about the methods that have not been set aside
- This helps the client select a method suited to her/his reproductive needs
- (Refer algorithm step 7-9)
3. Post-Choice Stage

- The provider uses the method brochure to give complete information about the method that client has chosen.

- If the client has conditions where the method is not advised or client is not satisfied with the method, the provider returns to the Method Choice Stage.

- (Refer algorithm step 10-12)
4. Systematic Screening for Other Services

Stage:

• The provider uses information received and targets questions to determine:
  • Additional health services and;
  • Counseling that the client may need
• Using the remaining counseling cards other services offered or referred:
  • PNC, screening for CxCa, STI/HTC, intimate partner violence
  • Discuss dual protection
  • Give return date
BCS+ includes 34 counseling cards

• First card asks questions to rule out pregnancy

• 18 method-specific cards
  – Describes use, efficacy, risks of each method
  – Provider lays out all method cards and removes excluded methods as counseling proceeds

• 15 cards on additional topics, services
  – HIV/STI risk assessment
  – Zika
  – Etc.
Counseling cards

**Intrauterine Device**
*Copper-bearing IUD*

**EFFECTIVENESS**
- First year of use: 99%
  - Less than 1 pregnancy per 100 women

- **HIGHLY EFFECTIVE**
  - Provides long-term protection against pregnancy for 5 - 12 years.
  - Is a small, flexible, plastic and copper device placed in the uterus. Most IUDs have 1 or 2 thin strings that hang from the cervix into the vagina.
  - It is a safe and effective method for almost all women, including women in the postabortion or postpartum period.
  - A trained provider must insert and remove the IUD. This method can be used as emergency contraception.
  - Can be inserted immediately after childbirth (within 48 hours) or after 4 weeks postpartum.
  - Typically causes slightly longer and heavier bleeding and more cramps or pain during monthly bleeding.
  - If a woman has unexplained vaginal bleeding, she should be further evaluated and treated prior to initiating this method.
  - Safe for a woman living with HIV/AIDS who is clinically well (WHO Stage 1 or 2 of HIV clinical disease) on antiretroviral (ARV) medicines.
  - Not advised for a woman with very high risk of having sexually transmitted infections (STIs), particularly chlamydia or gonorrhea. Evaluate the client for STI risk prior to initiating this method. (See STI and HIV Risk Assessment Card).
  - Does not protect against sexually transmitted infections (STIs), including HIV. Emphasize the need for dual protection with the client.

**Male Condoms**

**EFFECTIVENESS**
- Typical use: 82%
  - Not used consistently — 18 pregnancies per 100 women

- **LESS EFFECTIVE**
  - Most condoms are made of thin latex rubber. Some condoms are coated with a lubricant and/or spermicide.
  - If the client has had an allergic reaction to latex rubber, they should not use latex condoms. Use polyurethane condoms as a safe and effective alternative for people with a latex allergy.
  - Before having sex, place the condom over the erect penis.
  - The client must use a new condom for each act of sex.
  - Protects against pregnancy and sexually transmitted infections (STIs), including HIV.
  - Requires partner’s cooperation to use consistently and correctly.
Method-specific brochures

- BCS+ has brochures on 18 methods
- Given to client to take home
Method brochures (excerpt)

The Pill
Combined Oral Contraceptives

EFFECTIVENESS
91% Typical use in first year
Some missed pills:
9 pregnancies per 100 women

GENERAL INFORMATION
- Requires that you take 1 pill every day.
- May cause irregular bleeding during the first few months of use.
- Safe for a woman with HIV/AIDS, even if she takes antiretroviral (ARV) medicines.
- There are many different brands and regimens of combined oral contraceptives. Discuss available and most appropriate method with provider.
- Does not protect against sexually transmitted infections (STIs), including HIV and Zika.

HOW THE METHOD WORKS
- You take 1 pill every day. The pill is most effective when you take the pill at the same time every day.
- The pill contains small amounts of the hormones estrogen and progestin.
- These hormones make the mucus around the cervix thick. This stops sperm from meeting an egg.
- They also prevent the release of eggs from the ovaries (ovulation).

HIV/STI protection addressed on each method brochure
World Health Organization Medical Eligibility Criteria ("MEC") wheel
Adapting BCS+ in Kenya

• Study demonstrated that BCS+ approach significantly improved the quality of integrated FP/HIV services
• MoH and stakeholders adopted BCS+ in 2010 as the standard counseling approach for FP/HIV integration
• Kenya RH/HIV Integration Strategy 2011 increased scope to include PNC, CaCx, HIV care and treatment. 2\textsuperscript{nd} Edition BCS+ responded to this
• MOH and Integra Initiative developed mentorship guidelines for SRH/HIV service integration (used BCS+)
• WHO MEC guidelines 2015, MOH with support from Pop Council and others reviewed and updated and adopted 3\textsuperscript{rd} Edition
Reach of BCS+ Toolkit (3rd Ed.)

• Available in French and Spanish
• Adapted for Zika and published on the Zika Communication Network
• Available on:
  – Population Council website
  – K4Health
  – Health Compass
  – Maternal and Child Survival Program website
• An algorithm-based Interactive Voice Response (IVR) system for FP consultations tested in Kenya
• Used in Ghana, Nigeria, South Africa, Swaziland, India, Myanmar, Tanzania, Mali, Indonesia and elsewhere.
ADVICE project: working towards BCS+ 4th edition

- Revisit algorithm: where and how to assess HIV vulnerability?
- Incorporate biomedical advancements in HIV prevention (treatment as prevention, pre-exposure prophylaxis)
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[Link to Pop Council website] for BCS Plus [Link to BCS Plus page]