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MINISTRY OF HEALTH-ETHIOPIA

Health Centre /Clinic/Hospital Family Planning Register

Region

Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date



INSTRUCTIONS FOR FAMILY PLANNING REGISTRATION AT HEALTH CENTER / CLINIC / HOSPITAL

The register is kept in FP room. Completed by Family Planning Service Provider
Location information to be completed at front of register:

Region	Write the region where the facility is located
Woreda / Sub-City	Write the woreda/sub-city where the facility is located.
Name of Health Facility	Write the name of the health facility where the FP services are provided.
Register begin date	Enter the date of the first entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)
Register end date	Enter the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)

SN	Datum	Comments
Identification: Personal information		
1	S.N	Sequential serial number in registration book; to be entered on client's registration card for later identification in register
2	MRN	Medical Record Number Unique individual identifier used on medical information folder, for HC and hospital.
3	Name of client	Write Name of client
4	Age	Age in years
5	Sex(M/F)	M=Male; F=Female
Family Planning services:		
Registration		
6	Reg. date (DD/MM/YY)	Date client registered in this registration book, written as Day / Month / Year (DD/MM/YY) (EC)
7	New acceptor (✓)	Tick (✓) if client is new acceptor at the time of registration. A new acceptor is someone who has not received a contraceptive method from a recognized Provider before registration.*
8	Repeat acceptor (✓)	Tick (✓) if client is repeat acceptor at the time of registration. A repeat acceptor is someone who is not a new acceptor; in other words, a repeat acceptor has received a contraceptive method from a recognized Provide before registration.
HIV Testing and Counseling		
9	HIV test offered(✓)	Tick (✓) if HIV test offered under provider initiated HIV counseling and testing guidelines
10	HIV test performed(✓)	Tick (✓) if client tested for HIV/AIDS and received test result
11	HIV Test results(P/N)	Enter P in red pen if test is Positive ; N in normal color of pen if test is negative ;
12	HIV specific contraceptive counseling / Contraceptive offered(✓)	Tick (✓) if HIV specific contraceptive counseling / methods offered.
13	HIV Positive and linked to ART(✓)	Tick (✓) if the client is positive and linked to ART clinic

14	Targeted population category Write code	Write code for column 14 selecting from the list of target population category listed, an individual needs to be assigned only in one category that best describe him/her. A. Female Commercial Sex workers B. Long distance drivers C. Mobile/Daily Laborers D. Prisoners E. OVC F. Children of PLHIV G. Partners of PLHIV H. Other MARPS I. General population
15	Td status checked(√)	Tick (√) if Td status checked.
16	Contraindications for IUD	Tick (√) if one of following conditions present <input type="checkbox"/> Client (or partner) has other sex partners <input type="checkbox"/> Sexually transmitted genital tract infections(GTI) within the last 3 months or other chronic STI (eg HBV, HIV/AIDS). <input type="checkbox"/> Pelvic infection (PID) or ectopic pregnancy(within the last 3 months) <input type="checkbox"/> Heavy menstrual bleeding (twice as much or twice as long as normal) <input type="checkbox"/> Severe menstrual cramping (dysmenorrhea) requiring analgesics and/or bed rest. <input type="checkbox"/> Bleeding/spotting between periods or after intercourse <input type="checkbox"/> Symptomatic valvular heart disease <input type="checkbox"/> other
17	Visit No (1-5)	Visit number in the current year
18	Visit Date	Date of visit, written as (EC) Day / Month / Year (DD/MM/YY)
19	Contraceptive provided	Contraceptive method provided (record modern methods only) Abbreviate type as follows: MaC- Male Condom FeC- Female Condom OC- Oral Contraceptive Inj- Injectable EC- Emergency Contraception Diaph-Diaphragm IUCD- Intrauterine Contraceptive Device Imp -Implant TL - Permanent Contraception Method for Tubal Legation V - Permanent Contraception Method for Vasectomy
20	Appointment date	Follow up appointment for each method
21	Remarks	Any additional suggestions, comments

Family Planning Register

Identification					Family Planning and contraceptive services																		
Personal information					Registration			HIV Testing and Counselling							Td status checked (✓)		Contraindication for IUCD (✓)		Clinical exam and contraceptive services provided			Follow-up and remark	
S.N	MRN	Name of Client	Age	Sex (M/F)	Reg. date (DD/MM/YY)	New acceptor (✓)	Repeat acceptor(✓)	HIV Test offered (✓)	HIV Test performed (✓)	HIV Test Result (P/N)	HIV specific Contra-ceptive counseling offered (✓)	HIV Positive and linked to ART(✓)	Target population Category write code	Td status checked (✓)	Contraindication for IUCD (✓)	Visit No.	Visit date (DD/MM/YY)	Contraceptive provided	Appointment date	Remark/Name &signature			
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21			
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Use Abbreviation For (Col. 19)
 Mc=Male condom
 FeC=Female condom
 OC=Oral contraceptive
 Ec=Emergency Contraceptive
 Inj=Injectabile

Imp=Implant
 IUCD=Intrauterine device
 TL=Tubaligation
 Vas=Vasectomy
 Oth=Others

New ↓ Rep

Targeted population category (Col. 14)
 A. Female Commercial Sex workers
 B. Long distance drivers
 C. Mobile/Daily Laborers
 D. Prisoners

E. OVC
 F. Children of PLHIV
 G. Partners of PLHIV
 H. Other MARPS
 I. General population