

Health Centre /Clinic/Hospital Long Acting Family Planning Removal Register

Region Zone/Subcity/Woreda

Health Facility Name

Begin Date

End Date



INSTRUCTIONS FOR LONG ACTING FAMILY PLANNING REMOVAL REGISTRATION AT HEALTH CENTER / CLINIC / HOSPITAL

The register is kept in FP room (HC/Clinic/Hospital), 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 Long Acting Removal services are provided.				
Register begin date Enter the date of the first entry in the register, written as (EC) Day / Month / Year					
Register end date	Enter the date of the last entry in the register, written as (EC) Day / Month / Year (DD/MM/YY)				

CNI	D.1							
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							
4	Age	Write age in years						
Family P	lanning Long acting Removal serv	vices:						
	Registration							
5	Reg. date (DD/MM/YY)	Write Date client registered in this registration book, written as (EC) Day / Month / Year (DD/MM/YY)						
6	Date of insertion	Write Date of insertion Day / Month / Year (DD/MM/YY)						
7	Type of LAFP used	Write Contraceptive method provided (record modern methods only) write type of as contraceptive follows Implanon - Implanon Implant Sino-Implant- Sino Implant Jadell -Jadelle Implant IUD- Intrauterine Contraceptive Device						
8	Place of LAFP received (write code)	Write code for type of facility LAFP provided abbreviate as follows: Within facility WI Out of Facility Hospital 1 Health center 2 Health Post 3 Private clinic 4						
9	Date of Removal service provided	Date of removal written as (EC) Day/Month/Year(DD/MM/YY						
10	LAFP method duration used in month	Write duration of method used in month (if the client used only one month we can put =1, if it is two month =2 and so on)						
11	Reasons of removal	Write code for reasons of removal a) On recommended time b) Side effect c) Want to get pregnant d)Misconception e) Others						
Counseli	ng and testing							
12	HIV test offered (V)	Tick (V) if HIV test offered under provider initiated HIV counseling and testing guidelines						
13	HIV test performed (V)	Tick (V) if client tested for HIV/AIDS and received test result						
14	HIV Test results (P/N)	Inter P in red pen if test is Positive ; N in normal color of pen if test is negative						

15	HIV specific contraceptive counseling offered (V)	Tick (ν) if HIV specific contraceptive counseling offered.
16	Positive and linked to ART (V)	Tick (v) if the client is positive and linked to ART
17	Targeted population category write code	Write code Fill column 17 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
18	Post Removal 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
19	Remarks	Any additional suggestions, comments



Long Acting Family Planning Removal Register

	Ide	ntification					Lo	ng Acting Fa	mily Plannir	ng Removal	service	s						
Personal information		Registration 9				rice YY)	rice YY)	<u>-</u>	Counseling and testing						-je			
S.N	MRN	Name of Client	Age	Reg. date (DD/MM/YY)	Date of insretion (DD/MM/YY)	Type of LAFP used	Place of LAFP re- ceived use code	Date of Removl service provided (DD/MIM/YY)	LAFP method duration used in month	Reason for Removal	HIV Test offered (V)	HIV Test performed (v)	HIV Test Result (P/N)	HIV specific counseling / methods offered (v)	Positive and linked to ART	Target population Category write code	Post Removal Contra- ceptive provided	Remark
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19

Reason for Removal (Col. 11)

- a) On recommeded time
- b) Side effect
- c) Want to get pregnant
- d)Misconception
- e) Others

Place of LAFP received use code (Col. 8)
Within facility	WI
Out of Facility	
Hospital	1
Health center	2
Health Post	3
Private clinic	4

	0-6 month	>6 month
Implanon		
Sino-Implant		
Jadell		
IUD		
Others		
Total Removal		

Targeted population category (Col. 17)

- 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