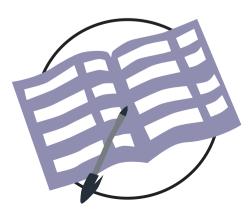
# **Health Information System**

| Organisation: |  |
|---------------|--|
|               |  |

# 9.4 Reproductive Health

Family Planning Register



### > Illustrated Guide to Family Planning Register

| A REGISTRATION |                |      |     |                |                       |         |                  |                     |                   |                    |  |  |
|----------------|----------------|------|-----|----------------|-----------------------|---------|------------------|---------------------|-------------------|--------------------|--|--|
| Serial<br>No.  | FP Code<br>No. | Name | Age | Sex<br>(M / F) | Status<br>(Ref / Nat) | Address | Date of<br>visit | Re-visit<br>(Y / N) | Marital<br>Status | No. of<br>children |  |  |
|                |                |      |     |                |                       |         |                  |                     |                   |                    |  |  |
|                |                |      |     |                |                       |         |                  |                     |                   |                    |  |  |

## A Registration

Serial No.:

> Enter sequence number in register

FP Code No:

> Enter unique identifying number

Name:

> Print Name of client

Age

> Fill Age (in years)

Sex

> Enter Male (M) / Female (F)

Status

> Classify as Refugee (Ref) / National (Nat)

Address

> Print Camp Address (Refugee) / Nearest Village (National)

Date of visit:

> Enter date (dd/mm/yy)

Re-visit

> Enter Yes (Y) or No (N)

Marital Status:

Classify as Married monogamous (MM)/ Married Polygamous (MP) / Single (S) /Widowed (W) / Separated (S) / Divorced (D)

Number of children:

> Enter number of surviving children

### B Type of Method

COCP Low Dose:

> Enter number of cycles supplied

COCP High Dose:

> Enter number of cycles supplied

POP:

> Enter number of cycles supplied

ECP:

> Enter number of pills supplied

Injectable:

> Enter number of the dose injected

Implantable:

> Enter date of insertion

וווכח

> Enter date of insertion

Male Condom:

> Enter number of pieces supplied

Female Condom:

> Enter number of pieces supplied

Sterilization:

> Enter date that: (i) client decided to accept the procedure; and (ii) date procedure was performed

NOTES

If client discontinues a method, a cross (X) should be entered in the column corresponding to the type of method.

The date of discontinuation should also entered in the column corresponding to the type of user (see section C).

| В                       |                   | FA                     | MILY PLANN | IING METH                  | OD          |      |      |        |                    |                     | С     |            |
|-------------------------|-------------------|------------------------|------------|----------------------------|-------------|------|------|--------|--------------------|---------------------|-------|------------|
| COCP<br>Low Dose        | COCP<br>High Dose | POP                    | ECP        | Injectable<br><i>Depo-</i> | Implantable | IUCD | Con  | dom    | Sterilis           |                     |       | Next appt. |
| Micro-gynon<br>Nordette | Lo-Femenal        | Micro-val<br>Micro-lut | Postinor-2 | Provera                    | Norplant    | nt   | Male | Female | Date of acceptance | Date o<br>procedure | User* | date       |
|                         |                   |                        |            |                            |             |      |      |        |                    |                     |       |            |
|                         |                   |                        |            |                            |             |      |      |        |                    |                     |       |            |
|                         |                   |                        |            |                            |             |      |      |        |                    |                     |       |            |

# C

### Type of User

Type of User:

> Enter type of user, according to the categories given in the legend (see defintions opposite):

New user / Repeat User / Discontinued

Next appt date:

> Enter the date of the next scheduled appointment

#### **NOTES**

Enter name, address, method and next scheduled date into Appointments Book.

The names of client expected each day should be updated from the appointments book into the register at the beginning of each day.

## **Definitions of Types of User**

#### New user

A client who has never used the method before;

or

A user who has discontinued a method (see below), and since decided to re-start the same method

### Repeat user

A client who has used the method on at least one previous visit, and has NOT missed a scheduled appointment by more than seven days\*

#### Discontinued

A client who has not attended for a scheduled visit within seven days\* from the appointment date

\* The exact number of days should be adapted to the country context, and standardised among all health partners within written Reproductive Health policy guidelines

|               |                |      |     |                |                       |         | RE            | RATION              | ION               |                    |
|---------------|----------------|------|-----|----------------|-----------------------|---------|---------------|---------------------|-------------------|--------------------|
| Serial<br>No. | FP Code<br>No. | Name | Age | Sex<br>(M / F) | Status<br>(Ref / Nat) | Address | Date of visit | Re-visit<br>(Y / N) | Marital<br>Status | No. of<br>children |
|               |                |      |     |                |                       |         |               |                     |                   |                    |
|               |                |      |     |                |                       |         |               |                     |                   |                    |
|               |                |      |     |                |                       |         |               |                     |                   |                    |
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|               |                |      |     |                |                       |         |               |                     |                   |                    |

|                         |                   | FA               | MILY PLANI                | NING METH        | OD                        |      |          |        |                    |                   |                  |            |
|-------------------------|-------------------|------------------|---------------------------|------------------|---------------------------|------|----------|--------|--------------------|-------------------|------------------|------------|
| COCP<br>Low Dose        | COCP<br>High Dose | h Dose Micro-val | ECP Inject Postinor-2 Pro | Injectable       | Implantable               | IUCD | Con      | dom    | Sterili            | sation            | Type of          | Next appt. |
| Micro-gynon<br>Nordette | Lo-Femenal        |                  |                           | Depo-<br>Provera | Depo-<br>Provera Norplant | 1002 | Male     | Female | Date of acceptance | Date of procedure | Type of<br>User* | date       |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
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|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
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|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
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|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  |                           |                  |                           |      |          |        |                    |                   |                  |            |
|                         |                   |                  | <u> </u>                  |                  | I                         |      | <u> </u> | I      | 1                  | I                 |                  | <u> </u>   |

<sup>\*</sup> Type of User: 1. New User 2. Repeat User 3. Discontinued (see guidelines in front cover for definitions)