

Instructions for Completing the Target Client List (TCL) for Family Planning to include Postpartum Family Planning

(adapted from Family Planning Competency-Based Training: Basic Course Handbook)

The TCL is filled out by health workers when providing services and is updated every time a client comes back for a follow-up visit. It has the following purposes:

1. It helps the health worker plan and carry outpatient care and service delivery
2. It facilitates the monitoring and supervision of service delivery activities
3. It facilitates the preparation of reports,
4. it provides clinic-level data that can be accessed for further studies.

In the Right Upper Corner of the TCL form (front page) - put the name of FP method. This page includes listing of all clients who accepted any modern FP method for the first term or new to the program or currently using a specific FP method e.g. pill, so each specific method will have a separate TCL.

Column 1: DATE (OF REGISTRATION) - Indicate in this column the date month, day, and year a client made the first clinic visit or the date when client re-started his/her availment of the FP service.

Column 2: FAMILY SERIAL NUMBER - Indicate in this column the number that corresponds to the number written on the family folder or envelope or individual treatment record. This column will help you to easily facilitate retrieval of the record.

Column 3: CLIENT'S NAME - Write the client's complete name. (given name, middle initial, and family name).

Column 4: ADDRESS - Record the client's present permanent place of residence (number of the house, name of the street, barangay, municipality, and province) for monitoring follow-up of clients.

Column 5: AGE - Indicate in this column the age of the female client or wife as of last birthday. In the case of a male client, indicate the age of client's wife.

Column 6: NUMBER OF LIVING CHILDREN - Indicate number of living children.

Column 7: TYPE OF CLIENT AND CODES OF CLIENTS - Write on this column the code of the following client categories.

Column 8: PREVIOUS METHOD - Refers to last method used prior to accepting a new method. Enter in this column the codes as indicated below the front page of Target Client List

Column 9: FOLLOW-UP VISITS - Write the next scheduled date of visit in the appropriate column for the month followed by a slash, e.g. 3-31/. When the client returns for the scheduled visit, write the date at the right of the slash, e.g. 3-31/3-29. A client who is scheduled for a particular month but fails to make the clinic visit will have only one date entered for that particular month.

Column 10: DROPOUT - If a client fails to return for the next service date, he or she is considered a dropout. Enter the date the client became a dropout under column "Date" and indicate the reason under column "Reason." Validate client first prior to dropping out from the record.

Column 11:REMARKS - Indicate in this column the date and reason for every referral made (to other clinics) and referral received (from other clinics), which can be due to medical complications or unavailable family planning services and other significant findings to client care.

Method Dropouts (when is a client considered a dropout from the method):

LACTATIONAL AMENORRHEA METHOD (LAM)

- has her menses any time within six months postpartum (bleeding or spotting within 56 days postpartum is not considered as menses); or
- practices mixed regular feeding and/or regularly introduces solid food, liquid, vitamins within the first six months or not exclusively breastfeeding her baby or; when the child reaches six months old.

NATURAL FAMILY PLANNING (NFP)

a. Basal Body Temperature Method - If the user fails to chart her own fertile and infertile periods, she is considered a dropout.

b. Cervical Mucus or Billings Ovulation Method - If the user fails to chart her own fertile and infertile periods, she is considered a dropout.

c. Sympto-thermal Method - If the user fails to chart her own fertile and infertile periods, she is considered a dropout.

d. Standard Days Method - If the user has no indication of (a) SDM use through beads or (b) knowledge of first day of menstruation or cycle length.

Note: Validate chart monthly if client needs to be dropped.

PILLS - If the client

- fails to return for a re-supply/clinic visit on the scheduled date unless client was validated as getting supplies from other sources other than the clinic;
- gets supplies and/or transfers to another clinic; the client is considered as a current user in the clinic where she transferred, but is a dropout in her former clinic;
- desires to stop the pills for any reason.

INJECTABLE (DMPA) - If the client

- fails to return for more than two weeks from the scheduled date of injection unless client was validated getting supply from other sources other than the clinic;
- gets herself injected with DMPA in another clinic; the client is considered a current user in the clinic where she transferred, but is a dropout in her former clinic;
- stops to receive the injection for any reason.

INTRAUTERINE DEVICE (IUD) - If the client

- does not return to the clinic for checkup for three to six weeks; not later than three months after her first post-insertion menses or has not been followed-up for two years;
- requests for IUD removal;
- has had her IUD expelled.

CONDOM - If the client

- fails to return for a re-supply/clinic visit on scheduled visit unless client was validated getting supplies from other sources other than the clinic;
- gets supplies from another clinic and/or transfers to another clinic; the client is considered a current user in the clinic where she transferred, but is a dropout in her former clinic;
- stops using the method for any other reason.

VOLUNTARY SURGICAL CONTRACEPTION

- **Tubal ligation** - If the client is already menopausal (average: 50 years old);
- **Vasectomy** - indefinite

NOTE TO SERVICE PROVIDERS: For client using pills, injectables, IUDs, condoms, tubal ligation or vasectomy, validate client first whether she/he is using the method or not before dropping her/him out from the record.

TARGET CLIENT LIST FOR FAMILY PLANNING

DATE OF REGISTRATION mm/dd/yy (1)	FAMILY SERIAL NO. (2)	NAME (3)	ADDRESS (4)	AGE (5)	NUMBER OF LIVING CHILDREN (6)	METHOD OF CONTRACEPTIVE (7)	TYPE OF CLIENT* (use codes) (7)	PREVIOUS METHOD** (use codes) (8)

***Type of client**

CU = Current Users
 NA = New Acceptors
 CM = Changing Method
 CC = Changing Clinic

****Previous Method**

CON = Condom
 INJ = Depo Medroxyprogesterone Acetate (DMPA)
 IUD = Intrauterine Device
 PPIUD = Postpartum Intrauterine Device
 Pills = Pills

NFP – BBT = Basal Body Temperature
 NFP – CM = Cervical Method
 NFP – STM = Sympto-thermal Method
 NFP – LAM = Lactational Amenorrhea Method
 IMP = Single Rod Subdermal Implant

NFP – SDM = Standard Days Method
 MSTR/Vasec = Male Ster/Vasectomy
 FSTR/BTL = Female Ster/Bilateral Tubal Ligation
 RS = Restart