



FAMILY PLANNING INTEGRATION MONTHLY SUMMARY FORM

State: _____ LGA: _____ Month/Year _____

Name of Health Facility: _____ Service Delivery Point: _____

Family Planning Services Uptake Summary

Method	New Clients		Revisit Clients		Total Number of clients	Number referred out	Number referred in
	Male	Female	Male	Female			
a. Oral pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
b. Depo Provera	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
c. Noristerat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
d. Norigyon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
e. IUCD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
f. Male Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
g. Female Condoms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
h. Implanon (NXT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
i. Jadelle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
j. Natural methods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
k. Sterilization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
l. Counseled for FP	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
No. of external onsite monitoring visit(s) conducted by government official(s) in-charge during reporting period using standard checked list							
No. of external onsite monitoring visit(s) conducted by TA/Consultants during reporting period using standard check list							
Number of referrals from Antenatal Clinics, Deliveries, Immunization clinics, Post Natal clinics							
Number of re-trained HCW(s) who provided FP services at the facility during the reporting period							
Number of trained HCW(s) who provided FP services at the facility during the reporting period							
Number of untrained HCW(s) who provided FP services at the facility during the reporting period							