NIGERIAN URBAN REPRODUCTIVE HEALTH INITIATIVE

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	X		X				
b. Depo Provera	X		X				
c. Noristerat	X		X				
d. Norigyon	X		X				
e. IUCD							
f. Condoms	X		X				
g. Implants							
h. Natural methods			X	X			
I. Sterilization							
j. Counseled for FP							
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 newly trained HCW(s) who provided FP services at the facility during the reporting period							
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							

Completed by: Name:_____Designation :_____ Sign: _____ Date: _____

Phone Number of reporting officer _____