

**FACILITY FP SERVICE STATISTICS SUMMARY**

Geography: \_\_\_\_\_

Sub-Geography: \_\_\_\_\_

Year \_\_\_\_\_ Month \_\_\_\_\_

Health Facility \_\_\_\_\_

		Source: FP Daily Activity Register (MOH 512) for service areas offering FP method																Source: Referral Slip		
		Combined Pill		Progestin Only Pill		Injectables		Implants		Emergency Contraceptive		IUCD		Male Condom		Female Condom		No. Counselling on FP	No. of FP Referrals	Effective FP Referrals
	Service areas offering FP	New	Revisit	New	Revisit	New	Revisit	New	Revisit	New	Revisit	New	Revisit	New	Revisit	New	Revisit			
1	ANC																			
2	CWC																			
3	PNC																			
4	HIV Clinic																			
5	HTC																			
6	Maternity																			
7	Outpatient																			
8	.....																			
9	.....																			
10	.....																			
<b>Facility Total</b>																				

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**Instructions:**  
 At the end of each month, forms to be completed by Service Delivery Officers and entered into TSM