



REPUBLIC OF KENYA

MINISTRY OF HEALTH

MOH 512

DAILY ACTIVITY REGISTER FOR CONTRACEPTIVES

Province:			
District:			
Health Facility:			
Type:		Man. Agency:	
Start date:		End date:	

INSTRUCTIONS FOR COMPLETING THE DAILY ACTIVITY REGISTER

COLUMN HEADINGS				Column	DATA DEFINITIONS / EXPLANATIONS	
				Bbf		
				Received		
				On Hand		
			Date	A	Date of client visit	
			Name of Client		B	Client's Name
			Client Number		C	Client's Service Registration Number
			Age		D	Client's Age
			Sex		E	Client's Sex
			Sub Location		F	Provincial Administration Sub Location Residence
			Village/Estate		G	Provincial Administration Village Residence
			Client Type	New	H	FP First Visit Client
				Rev	I	FP Revisit Client
Oral Contraceptives	(Cycles)	Combined oral contraceptive pills	New		J	New Client on Combined Oral Contraceptive Pill
			Rev		K	Revisit Client on Combined Oral Contraceptive Pill
			Change of Method	From	L	Client Change from Oral Combined Pill Another FP Method
				To	M	Client Change from Oral Combined Pill to Another Method of choice or Recommended
		Qty Disp.		N	Number of Cycles Dispensed to Client on the Day of Visit	
		Progestin only pills	New		O	New Client on Progestin Only Pill
			Rev		P	Revisit Client on Progestin Only Pill
			Change of Method	From	Q	Client Change from Progestin Only Pill to Another FP Method
				To	R	Client Change from Progestin Only Pill to Another Method of Choice or Recommended
Qty Disp.			S	Number of Cycles Dispensed to Client on the Day of Visit		
Injectables	(Vials)		New		T	New Client on DMPA Injectable
			Rev		U	Revisit Client on DMPA Injectable
			Change of Method	From	V	Client Change from DMPA Injectable Another FP Method
				To	W	Client Change from DMPA Injectable to Another Method of Choice or Recommended
			Qty Disp.		X	Number of Vials Injected to Client on the Day of Visit
Implants	(Sets)		New		Y	New Client on Implant
			Rev		Z	Revisit Client on Implant
			Change of Method	From	AA	Client Change from Implant to Another FP Method
				To	AB	Client Change from Implant to Another Method of Choice or Recommended
			Type of Implant Inserted 1=1- Rod (Implanon) and 2 = 2-Rod (Jadelle)		AC	Record type of Implant Inserted 1=1-Rod (Implanon) and 2 = 2-Rod (Jadelle)
			Qty Disp.		AD	Number of Implants Inserted to Client on the Day of Visit
Emergency Contraceptive pill	(Doses)		Cases		AE	Number of Cases Seen for Emergency Contraception
			Qty Disp.		AF	Number of Doses Dispensed for Emergency Contraception Cases on the Day of Visit
IUCDs	(Sets)		New		AG	New Client on IUCD
			Rev		AH	Revisit Client on IUCD
			Change of Method	From	AI	Client Change from IUCD to Another FP Method
				To	AJ	Client Change from IUCD to Another Method of Choice or Recommended
			Qty Disp.		AK	Number of IUCD Inserted to Client on the Day of Visit
Condoms	(Pieces)	Male	New		AL	New Client on Male Condoms
			Rev		AM	Revisit Client on Male Condoms
			Change of Method	From	AN	Client Change from Male Condoms to Another FP Method
				To	AO	Client Change from Male Condoms to Another Method of Choice or Recommended
		Qty Disp.		AP	Number of Male Condoms dispensed to Client on the Day of Visit	
		Female	New		AQ	New Client on Female Condoms
			Rev		AR	Revisit Client on Female Condoms
			Change of Method	From	AS	Client Change from Female Condoms to Another FP Method
				To	AT	Client Change from Female Condoms to Another Method of Choice or Recommended
Qty Disp.			AU	Number of Female Condoms dispensed to Client on the Day of Visit		
Sterilization	(Number of Cases)	Male	Change of Method from other methods		AV	Number of Male Clients changed method for Sterilization
			Done		AW	Number of Male Clients for Sterilization on the Day of Visit
		Female	Change of Method from other methods		AX	Number Female Clients changed method for Sterilization
			Done		AY	Number of Female Clients counseled for Sterilization
		Referral	Done		AZ	Number of Female Clients referred for Sterilization on the Day of Visit
Natural FP	(Number of Cases)		Counselled		BA	Number of Female Clients Counseled for Natural FP
			Referral		BB	Number of Female Clients Referred for Natural FP
VCT Counselling		C&T on site	Yes/No		BC	Client counseled and tested on site during the consultation
		Referred for C&T	Yes/No		BD	Client referred elsewhere for counselling and testing
HIV Status	Pos/Neg				BE	Record HIV status using the key provided (1=Positive, 2=Negative)
Diagnosis	Insert provisional or confirmed diagnosis				BF	Record or indicate the results of provisional or confirmed diagnosis of FP client following history taking and examination
Remarks					BG	Any information that may be necessary

[illegible]

Total New clients: _____

Total Re- visits:_____

Total No receiving family planning commodities:_____

	Contraceptives Dispensed at this visit																														REMARKS
	IUCDs					Condoms										Sterilization				Natural FP		Counselling and testing									
	(Sets)					(Pieces)										(Number of Cases)				(Number of Cases)											
						Male					Female					Male		Female		Referral											
Bbf																										Client counselled and tested (Yes/No)	Client referred for counselling and testing (Yes/No)	HIV status (1 = Positive, 2 = Negative)	Diagnosis		
Received																															
On Hand																															
Date	New	Rev	Change of Method		Qty Disp.	New	Rev	Change of Method		Qty Disp.	New	Rev	Change of Method		Qty Disp.	Change of Method from other methods	Done	Change of Method from other methods	Done	Done	Counseled	Referral	BC	BD	BE	BF	BG				
	AG	AH	AI	AJ		AK	AL	AM	AN		AO	AP	AQ	AR		AS	AT	AU	AV	AW	AX	AY	AZ	BA	BB						