Family Planning Register

DHIS – 11 (R)

**Name of Institution District**

**The Vision of District Health Information System (DHIS)** is to improve the health care services through evidence-based management of health service delivery.

Evidence-based management of health service delivery will contribute to the achievement of the overall goal of the District Health System which is to improve the health status of the population.

The primary objective of DHIS is to provide key routine health information from the health facilities for evidence-based management and performance improvement of the district health system.

**Purpose of this Register**

* To serve as a facility-based record of FP services
* To provide data on total number of visits to the facility for FP services.
* To provide data on total amount of FP commodities distributed by type of commodity
* To provide data on number of clients provided surgical contraceptive methods (tube ligation and vasectomy)



**Family Planning Register Month:  Year:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Yearly FP Client No.** (New client) | **Follow-up Client No.** (Previous Yearly No./ Year of Registration) | **Referred By LHW** | **Client Name with Spouse Name** | **Age** | **Address/CNIC** | *(Tick Appropriate column)* | **FP Commodities Provided** | **Period from last Delivery** | **Period From last abortion** | **Remarks****(Other Procedure Done)** |
| Routine | Postpartum | Counselling |  | *Tick appropriate column* |
| **Pills** *Cycles* | Condom *(Pieces)* | **Injections** | **IUCD** | Tubal Ligation | Vasectomy | Implant |
| Combined Oral Contraceptive (COC) | Progesterone only Pills (POP) | NET-EN | DPMA | Cu-T 380A | Cu - 375 | Removal |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** |
|   |   |  | *<<Total Brought From Previous Page>>* |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** | **11** | **12** | **13** | **14** | **15** | **16** | **17** | **18** | **19** | **20** | **21** | **22** | **23** |
|   |   |  |  |  |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|   |   |  |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |  |  |   |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | ***<< Transfer Total to Next Page>>*** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Family Planning Register Monthly Summary**

**Year:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | January | February | March | April | May | June | July | August | September | October | November | December | **Year Total** |
| **Total New Visits** |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Total of Col. No. 1 |
| **Total Follow -up Visits** |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Total of Col. No. 2 |
| **Total No. of Counselling** |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Total of Col. No. 9 |
| **Total no. of Clients Referred by LHW** |   |   |   |   |   |   |   |   |   |   |   |   |  |
| Total of Col. No. 3 |
| **Combined Oral Contraceptive (COC) Pills** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 10 |
| **Progesterone Only Pills (POP)** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 11 |
| **Condoms** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 12 |
| **Injection Net-En** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 13 |
| **Injection DMPA** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 14 |
| **IUCD** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 15 &16 |
| **Total no of Removal** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 17 |
| **Tubal Ligation** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 18 |
| **Vasectomy** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 19 |
| **Implant** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 20 |
| **Routine**  |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 7 |
| **Postpartum** |   |   |   |   |   |   |   |   |   |   |   |   |   |
| Total of col. no. 8 |