

Monthly Collating Activity Worksheet for Facilities

Clinic 2 of 2

Facility

Grantee

State

LGA

Reporting Period

Month/Year

IEC ACTIVITY

Date	Type of Event			No of participants		No. of Materials distributed		
	Health Talk	Film Show	Other (Specify)	Adult	Youth	Pamphlets/ Brochures	Posters	T-Shirts/Caps

SERVICE DELIVERY

	Type of Client			FP Commodities Distributed (<i>Quantity in pieces</i>)										
	New	Revisit	Total	Pills	Condoms	Foaming Tablets	Jelly	NFP	Noristerat	Depo Provera	IUCD	Implants	Tubal Ligation	Vasectomy
YOUTH														
ADULT														
TOTAL														

	FP Counseling	Other RH Services					Referrals To				Referral Rec'd			
		STI/HIV/AIDS Counseling	STI/HIV/AIDS Testing	STI/HIV/AIDS Treatment	ANC	PNC	Delivery	PAC	FP	STI/HIV/ AIDS		Other RH	Confirm	
YOUTH														
ADULT														
TOTAL														

Name of Reporting Officer
Signature

Designation
Date