Figure 1: Example page from Malawi National Family Planning Register

Month_____ Fiscal Year_____ HMIS 5

Date	Monthly serial	Registration Number		First Visit					Condom (3 months)	Oral pills (3 cycles)	Write N for new; R for revisit on the months covered by supply &(-) for removal/reversal				Any Other method?	Back-up method quantity	Apptointment Date	Service fee/ Card charge
		New	Re-visit	Acceptor's name	Address (TA+Village)	Age	Parity	# Surviving children			Depo	Implant	IUCD	Sterilization				
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S
Page summary																		

Supervisor's signature_____ Auditor's signature_____ Page _____of 200