

REPUBLIC OF KENYA



MINISTRY OF HEALTH

**FACILITY
CONSUMPTION DATA REPORT AND REQUEST (F-CDRR)
FOR NUTRITION COMMODITIES**

MOH 734

September 2017 Version

FACILITY NAME

FACILITY'S MFL CODE

SUB-COUNTY

REGION

COUNTY

**** IMPORTANT ******NUMBER OF SERVICE POINTS THAT ARE PROVIDING NUTRITION COMMODITIES WITHIN THE HEALTH FACILITY**

It is important that before you report, you are aware of how many **Nutrition service dispensing points** are located within your health facility.

A Nutrition service dispensing point is a location within the health facility where Nutrition commodities are kept and dispensed to the patients / clients.

Note: This does not include the health facility store which is not a dispensing area, but a storage area.

E.g. these may include the CCC, the TB clinic, etc.

Count all the points where Nutrition services are provided within your health facility and indicate in the table below:-

No. of Nutrition service dispensing points in the Facility

At the end of each month, be sure to collect the quantities dispensed as well as the closing stock from each of these Nutrition service delivery points.

From the health facility store, locate the relevant updated stock/bin cards and obtain the physical stock count for each commodity

Use this data to complete the report for the health facility.

INSTRUCTIONS FOR COMPLETING THE FACILITY CONSUMPTION DATA REPORT AND REQUEST (F-CDRR) FOR NUTRITION COMMODITIES FOR SATELLITE SITES

This reporting tool is used by the Satellite sites/facility to report their consumption and request for re-supply. It is to be filled by the person in charge of aggregating consumption and reporting on Nutrition commodities for the entire health facility as designated by the facility in-charge.

1) When to Fill:

This is to be filled at the end of every calendar MONTH. (First to last day of the month)

2) To be filled on the cover page of the F-CDRR book: Facility name: Write the name of your health facility

Facility's MFL code: Write the Master facility list (MFL) code for your health facility.

Sub-County: Write the sub-county where the facility is located.

Region: Write the region where the facility is located.

County: Write the County where the facility is located.

3) To be filled on each report:

Facility name: Write the name of your Health facility.

Facility's MFL code: Write your Master Facility List code

Sub-county: Write the sub-county where the facility is located.

County: Write the County where the facility is located.

Point of service Delivery: Indicate (tick) the location where Nutrition services are provided in your facility, i.e. CCC, MCH, In-patient, Other. If Other location, please specify the details.

Period of Reporting: Beginning, Ending: Write the day, month and year (in format dd-mm-yyyy) for which the report is being prepared (indicating both the beginning date and ending date).

Commodity name / Unit of issue: The commodity name and its unit of issue are pre-printed on the report. If the commodity name is not pre-printed, write the name and unit of issue in the additional blank rows provided. The minimum quantity dispensed and minimum quantity issued for each of the commodities is shown on table below:

The minimum quantity dispensed and minimum quantity issued for each of the commodities is shown on table below. This table assists in conversion of minimum quantities issued from storage area to minimum quantities dispensed.

ALL nutrition commodity resupply quantities must appear in **Minimum quantity dispensed** units.

Commodity Name	Unit of Issue
Therapeutic Food Products	
Therapeutic diet milk (F-75) 75kcal/100ml	102.5g sachet
Therapeutic diet milk (F-75) 75kcal/100ml	400g Tin
Therapeutic diet milk (F-100) 100kcal/100ml	114g sachet
Therapeutic diet milk (F-100) 100kcal/100ml	400g Tin
Ready to use therapeutic food (RUTF) paste 500kcal/92g	92g Sachet
Ready to use therapeutic food (RUTF) bar 500kcal/100g	100g bar
Resomal	Sachets
Supplemental Food Products	
Ready to use supplemental food (RUSF) paste 500kcal/92g	92g Sachet
Fort Corn Soya Blend (Unimix) 25kgs 1000kcal/250g	Kgs
Vegetable Oil 221Kcal/25gms	Kgs
Fortified Blended Food (FBF) flour 415kcal/100g [for Children aged 6 months – 9 years]	200g Sachet
Fortified Blended Food (FBF) flour 435kcal/100g [for Adults and Adolescents (10-17 years)]	300g Sachet
Fortified Blended Food (FBF) flour 450kcal/100g [for Pregnant Women and Post-partum mothers]	300g Sachet
Super Cereals Plus (CSB++) 1.5kg Packet	1.5 Kg packet
Super Cereals Plus (CSB++) 300grms Sachet	Sachets
Multiple Micronutrients	
Micronutrient powder	1g Sachet
Multiple Vitamin and Mineral mix (tablets/capsules)	Sachets
Therapeutic Vitamin A 50 000 IU	Capsules (50,000 iu)
Combined Iron (60mg) Folic Acid (400µg)	1 Tablet/ capsule
Others	
Point of use Water treatment solution (1.2% Sodium hypochlorite [NaOCl])	150ml bottle

Use the Units of Issue indicated in above table when indicating the quantity received, issued or dispensed for all items, i.e. Sachet, Capsule, kg.

Use the source data tools i.e. DAR and Bin card to fill the following: -

Beginning Balance (A): The total Quantity (in units) of each usable² commodity on hand in the facility on the last day of the previous reporting period.

The Beginning balance should be equal to the Physical count at the end of the previous reporting period. If it is not, indicate the loss or adjustment in the respective columns of this F-CDRR and explain in the *Comments* section.

Quantity Received this period (B): Enter the sum Total Quantity in units (e.g. sachets, tins, etc) of each usable Nutrition commodity received by your health facility from the central site

If no stock was received at the facility during the period, enter a zero (“0”) in this column. **The quantities of each commodity received by the facility can be found in the *Quantity Received* column of the Bin card.**

Quantity Dispensed this period (C): Record the total Quantity in units (e.g. sachets, tins, etc) of commodities dispensed to the clients / patients within the reporting period.

If no quantities of a commodity were dispensed to clients / patients during the month, enter “0” in the Quantity dispensed this period column for that commodity. This information is obtained from the **DAR for Nutrition commodities** from all the points of Nutrition service delivery in the facility.

The total quantities of each commodity dispensed to clients/patients are obtained from the Page Total of Quantity Dispensed (D) row of the DAR from all the dispensing areas and the monitoring section of the IMAM registers(MOH 368, MOH 409 and MOH 410A&B).

If several pages of the DAR have been used over the month, be sure to aggregate the figures in this across all the pages used that month for each commodity.

Losses (D): Enter the quantity (in units) of any loss of stock of the commodity at the facility. Losses include defective, damaged, missing or expired commodities and should be separated from the usable stock. In the *Comments* section, indicate the actual number of units lost and explain the reason for the loss.

Adjustments (E, F): An **adjustment** refers to transfer of stock from one health facility to another (an adjustment is positive when your facility has received the stock, and negative when your facility has issued the stock). Adjustments are recorded in the Bin card when they occur.

If the adjustment is **positive (E)**, write a plus (+) sign next to the number, e.g. +30. If the adjustment is **negative (F)**, write a negative (-) sign next to the number, e.g. -30.

The reason for the adjustment should be written in the “Comments” section

Note: Excess quantities counted when stock-taking are also a positive adjustment while quantities of stock found to be missing when stock-taking are indicated as a negative adjustment.

ANY MISSING OR UNACCOUNTED FOR COMMODITY SHOULD BE DOCUMENTED AND IF THEFT IS SUSPECTED THIS SHOULD BE INVESTIGATED AND DUE PROCESS OF THE LAW FOLLOWED.

Physical Count (G): Enter the total sum (in units) of usable commodity **counted physically** in the facility. This should be done at the close of business on the last day of the month and should include quantities from all the dispensing areas in the facility.

The Physical count for each commodity should be equal to the expected Ending balance obtained by the calculation:

$$G = (A+B+E) - (C+D+F)$$

Where:

- A** = Beginning balance
- B** = Quantity received this month
- C** = Total quantity dispensed this month by the facility (sum of quantities dispensed in all dispensing points)
- D** = Losses (damages, expiries, missing)
- E** = Positive adjustments (borrowed from out to other facilities)
- F** = Negative adjustments (Issued out to other facilities)

Write the Physical count and report any differences between the Physical count and the expected Ending balance from the calculation as Adjustments or Losses.

Commodities with less than 3 months to expiry – Quantity, Expiry Date: During the physical count, note and record for each commodity, the Quantity that will expire in less than three months, and write the expiry date (in the format mm/yyyy). Should there be several short expiry batches, record the dates of each.

Days out of stock this month: Enter the total number of days that the facility was stocked out of any commodity – only during the month being reported on, e.g. if the commodity was out-of-stock for the full month of March, indicate 31 days. This information is obtained from the facility Bin cards.

Quantity required for Re-supply (H): Write the amount of each commodity (in units) required for re-supply for clients / patients.

This is determined as follows:

Multiply the current month’s consumption by the **Maximum months of stock (3 Months)** as set by Nutrition Commodities Steering Committee (NDU), and then subtract from it the Physical count, i.e.

Quantity required for Re-supply (H): Write the amount of each commodity (in units) required for re-supply for clients / patients.

This is determined as follows:

Multiply the reporting month’s consumption by the Maximum months of stock as set by Nutrition Commodity Steering Committee, and then subtract from it the Physical count, i.e.

For a Ordering Site

$$H = (C \times 3) - G$$

Where:

- H** = Quantity Required for Re-supply
- C** = Quantity dispensed this month
- G** = Physical count

Note: A request for a new commodity for the health facility should be made in the Comments section with the required quantities indicated on the relevant row under the *Quantity required* for resupply column.

Order for extra Data collection tools: Use this section to request for additional reporting and data collection tools. Indicate quantity required for each type of tool.

Comments: Use this space to provide any explanations or details on Losses or Adjustments and any other issues, e.g. need for re-distribution of stocks, request for new commodities.

Report prepared by: The person(s) responsible for preparing this report should write their full name, designation and date of signing, and then sign.

Report approved by: After reviewing the report, the Facility in-charge (or other authorised person, e.g. Nutritionist in-charge / pharmacist / programme manager/department head) should write his/her full name, designation, contact telephone, sign and write the date of signing. The signature of the programme manager or other authorised health worker confirms that the report has been reviewed and is valid

SUBMITTING THE MONTHLY REPORT

This report is in duplicate:

Copy 1 – Central Site/ Sub County/ LMIS

Copy 2 – Book copy

Submit your facility's monthly report to the Central site/ sub county/ LMIS to reach by the **5TH DAY OF EVERY MONTH.**

Retain the duplicate / book copy in the facility for your records.

A photocopy may be made for the sub-county if required.

SECTION B CLIENTS

Record the number of clients who received the commodity indicated within the reporting month. E.g for Code 001 Count the number of children under 5 years in the monitoring section of the nutrition inpatient register MOH 368 who were treated with F-75 and those who received nutrition intervention services in Column AE coded as 2 from the Children Nutrition services register MOH 407B.

FACILITY CONSUMPTION DATA REPORT AND REQUEST (F-CDRR) FOR NUTRITION COMMODITIES

NAME OF FACILITY _____ FACILITY' MFL CODE _____ COUNTY _____ SUB COUNTY _____

Period of Reporting: Beginning (Day/Month/Year) _____ Ending (Day/Month/Year) _____

Section A Commodities

Commodity Name	Unit of Issue	Beginning Balance	Quantity Received this Month	Total Quantity Dispensed	Losses (damages, expiries, missing)	Positive Adjustments (borrowed from out to other facilities)	Negative Adjustments (Issued out to other facilities)	Physical count	Commodities with less than 6 months to expiry		Days out of Stock this month	Quantity Required for Re-Supply
									Quantity	Expiry Date		
Therapeutic Food Products												
Therapeutic diet milk (F-75) 75kcal/100ml	102.5g sachet											
Therapeutic diet milk (F-75) 75kcal/100ml	400g Tin											
Therapeutic diet milk (F-100) 100kcal/100ml	114g sachet											
Therapeutic diet milk (F-100) 100kcal/100ml	400g Tin											
Ready to use therapeutic food (RUTF) paste 500kcal/92g	92g Sachet											
Ready to use therapeutic food (RUTF) bar 500kcal/100g	100g bar											
Resomal	Sachets											
Supplemental Food Products												
Ready to use supplemental food (RUSF) paste 500kcal/92g	92g Sachet											
Fort Corn Soya Blend (Unimix) 25kgs 1000kcal/250g	Kgs											
Vegetable Oil 221Kcal/25gms	Kgs											
Fortified Blended Food (FBF) flour 415kcal/100g [for Children aged 6 months – 9 years]	200g Sachet											
Fortified Blended Food (FBF) flour 435kcal/100g [for Adults and Adolescents (10-17 years)]	300g Sachet											
Fortified Blended Food (FBF) flour 450kcal/100g [for Pregnant Women and Post-partum mothers]	300g Sachet											
Super Cereals Plus (CSB++) 1.5kg Packet	1.5 Kg packet											
Super Cereals Plus (CSB++) 300grms Sachet	Sachets											
Multiple Micronutrients												
Micronutrient powder (Vitamin and mineral powder)	1g Sachet											
Multiple Vitamin and Mineral mix (tablets/capsules)	Sachets											
Therapeutic Vitamin A 50 000 IU	Capsules (50,000 iu)											
Combined Iron (60mg) Folic Acid (400µg)	1 Tablet/ capsule											
Others												
Point of use Water treatment solution (1.2% Sodium hypochlorite[NaOCl])	150ml bottle											

Section B Clients

Code	Client Category	No of Clients who Received	Data Source
N001	Clients (<=5 Years) on F-75		MOH368,MOH407A/B
N002	Clients (<=5 Years) on F-100		MOH368,MOH407A/B
N003	Clients (<=5 Years) on RUTF		MOH409,MOH407A/B
N004	Clients (<=5 Years) on Resamol		MOH368,MOH407A/B
N005	Clients (<=5 Years) on RUSF		MOH410A,MOH407A/B
N006	Clients (<=5 Years) on FBF		MOH407A/B
N007	Clients (6-23 Months) on MNP		MOH704
N008	Clients (<=5 Years) on Vit A (Therapeutic)		MOH407A/B
N009	Clients (5-9 Years) on F-75		MOH409,MOH407A/B
N010	Clients (5-9 Years) on F-100		MOH409,MOH407A/B
N011	Clients (5-9 Years) on RUTF		MOH409,MOH407A/B
N012	Clients (5-9 Years) on RUSF		MOH409,MOH407A/B
N013	Clients (5-9 Years) on FBF		MOH409,MOH407A/B
N032	Clients (5-9 Years) on CSB		MOH409,MOH407A/B
N033	Clients (5-9 Years) on Veg Oil		MOH409,MOH407A/B
N015	Clients (10-17 Years) on F-75		MOH409,MOH407A/B
N016	Clients (10-17 Years) on F-100		MOH409,MOH407A/B
N017	Clients (10-17 Years) on RUTF		MOH409,MOH407A/B
N018	Clients (10-17 Years) on RUSF		MOH409,MOH407A/B
N019	Clients (10-17 Years) on FBF		MOH409,MOH407A/B
N034	Clients (10-17 Years) on CSB		MOH409,MOH407A/B
N035	Clients (10-17 Years) on Veg Oil		MOH409,MOH407A/B
N021	Clients (18 and above) on F-75		MOH409,MOH407A/B
N022	Clients (18 and above) on CSB++ (Packet)		MOH409,MOH407A/B
N023	Clients (18 and above) on CSB++ (Sachet)		MOH409,MOH407A/B
N024	Clients (18 and above) on F-100		MOH409,MOH407A/B
N025	Clients (18 and above) on RUTF		MOH409,MOH407A/B
N036	Clients (18 and above) on RUSF		MOH409,MOH407A/B
N037	Clients (18 and above) on FBF		MOH409,MOH407A/B
N028	Clients (18 and above) on CSB		MOH409,MOH407A/B
N029	Clients (18 and above) on Veg Oil		MOH409,MOH407A/B
N030	Pregnant & Postpartum on RUTF		MOH409,MOH407A/B
N031	Pregnant & Postpartum on RUSF		MOH409,MOH407A/B
N038	Pregnant & Postpartum on CSB		MOH409,MOH410B,MOH407A/B
N039	Pregnant & Postpartum on FBF		MOH409,MOH410B,MOH407A/B
N040	Pregnant & Postpartum on Veg Oil		MOH409,MOH410B,MOH407A/B

ORDER FOR ADDITIONAL TOOLS

Order for extra LMIS & Service Data collection tools:-

- (1) Daily Activity Register for Nutrition commodities MOH 409 (2) F-CDRR for Nutrition commodities MOH 734 (Satellite sites): (3) Facility Prescription form for Nutrition Commodities MOH 732
 (4) Nutrition Services Register (Adult) MOH 407A (5) Nutrition Services Register (Children) MOH 407B (6) In Patient Nutrition Register (MOH 368)
 (7) Outpatient Therapeutic Register MOH 409 (8) Supplementary feeding program Register for children 6 to 59 months MOH 410A (9) Supplementary feeding program Register for PLWs MOH 410B

To be requested only when your Data collection or reporting Tools are nearly full. Indicate quantity required for each tool type.

Comments (on Commodity logistics and clinical issues, including explanation of Losses & Adjustments):

Report prepared by:

Name of Reporting officer _____ Designation: _____ Contact Tel.: _____ Signature: _____

Report approved by:

Name of Approving officer _____ Designation: _____ Contact Tel.: _____ Signature: _____

Date report sent to Sub county(dd/mm/yyyy) _____/_____/_____