

REPUBLIC OF KENYA



MINISTRY OF HEALTH

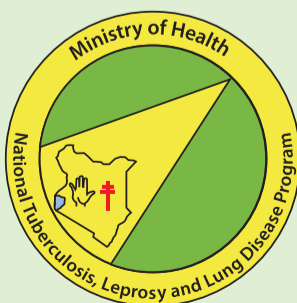
FACILITY CONSUMPTION DATA REPORT AND REQUEST (F-CDRR) FOR ANTI-TUBERCULOSIS, PROPHYLAXIS, LEPROSY MEDICINES AND NUTRITION COMMODITIES

Facility Name:.....

MFL CODE:.....

Sub-County:.....

County:.....



February 2023
MOH/REG/DNTLDP/04

COMPLETING THE FACILITY CONSUMPTION DATA REPORT AND REQUEST FOR ANTI-TUBERCULOSIS, PROPHYLAXIS, ANTI-LEPROSY MEDICINES and NUTRITION COMMODITIES

This is a data capture tool for aggregating, reporting and ordering of anti- TB, prophylaxis , anti-Leprosy medicines and nutrition commodities for the health facility. This tool is filled by the health care worker at the point where TB commodities are reconciled.

1. When to fill:

At the end of every month **The reporting period is the most recent full calendar month (from first day to last day of the month) for which the information is being reported.**

2. To be filled on each report:

Facility name: Name of your health facility where the commodities are dispensed.

Facility type: Fill the type of facility as dispensary (DISP), health centre (HC), Sub County Hospital (SCH), County Referral Hospital (CRH) or National Referral Hospital (NRH).

Sub County: Fill the Sub County where the facility is located.

County: County where the facility is located.

Sector: Indicate by ticking in the appropriate box whether Public, FBO, Prisons or Private

Beginning Date (of reporting period): Fill in the first date of the month (in the format dd-mm-yyyy)

Ending Date (of reporting period): Fill in the last date of the month (in the format dd-mm-yyyy)

Commodity/Unit: The commodity and its unit are pre-printed on the report. The commodities are divided into six sections i.e. TB commodities, prophylaxis, Leprosy medicines, DRTB, nutrition commodities and ancillary medicines.

Beginning Balance at the start of the Month (A): Enter the total Quantity (as per the defined unit) of each **usable** commodity at hand in the facility on the last day of the **previous** month. **The Beginning balance should be equal to the Physical count at the end of the previous month.** If it is not, indicate the loss or adjustment in the respective columns of this F-CDRR and explain in the Comments section.

Received this month (B): Enter the Total Quantity (as per the defined unit) of each commodity received by your health facility from an external supplier (e.g. KEMSA) within the month. 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.

Do NOT include quantities issued from the Bulk/ Drug store to the dispensing area.

Quantity Dispensed (C): Record the total Quantity dispensed to the patients/clients within the month. If no quantities of a commodity were dispensed to clients / patients during the month, enter "0" in the Quantity dispensed column for that commodity.

Do NOT write the quantities that were issued to the Dispensing area from the Bulk or Drug Store.

The total quantities of each commodity dispensed to clients/patients are recorded in the Total Quantity Dispensed row of the DADR.

If several pages of the DADR have been used over the month, aggregate the figures in this Total Quantity Dispensed row across all the pages used that month for each commodity.

Positive Adjustments (D): Enter the quantity of positive adjustment (in the defined unit) to the stock balance of the commodity. The reason for the positive adjustment should be written in the "Comments" section.

A positive **adjustment** refers to stocks of commodities your facility received from other health facilities within the month.

Negative Adjustment (E): A negative adjustment refers to stocks of commodities you issued from your facility to other health facilities within the month. The reason for the negative adjustment should be written in the "*Comments*" section.

Adjustments should be recorded in the Bin card when they occur.

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.

Losses (F): Enter the quantity (in the defined unit) of any loss of stock of the commodity at the facility. Losses include defective, damaged or expired drugs 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.

Any missing commodity unaccounted for should be documented and suspected theft investigated according to the government's policy.

Ending Balance (G): This is the stock at the end of the period as reflected on the stock card. It is calculated as indicated in the formula below:

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

Physical Count (H): Enter the total sum (in the defined unit) of usable commodity counted physically in the facility. This should be done at the close of business on the last day of the reporting period and should include quantities from **all the dispensing points** in the facility. **Note:** *The Physical count for each commodity should be equal to the Expected Ending Balance obtained by the calculation above:*

Write the Physical count and report any differences between the Physical count and the expected Ending balance from the calculation as Adjustments or Losses. **The reason for the adjustments or losses should be written in the "Comments" section.**

Earliest Expiry Date (6 months): During the physical count, note and record for each commodity, the Quantity that will expire in **less than six months**, and write the expiry date (in the format mm/ yyyy). Should there be several short expiry batches, record the dates of each.

Quantity Needed (I): Write the Quantity (in the defined unit) of each commodity required for re-supply for patients. This is determined as follows:

Quantity required for re-supply (I) = (C x 3) – G i.e. multiply the reporting period's consumption by 3, and then subtract the Physical count.

Reporting and Ordering tools: Indicate the tools required by type (DADR, F-CDRR) and quantity. For DADR, indicate the size of the book required in number of pages.

Patient Summaries: Indicate the number of patients every month by the following categories: New, Retreatment, Leprosy, DRTB, TPT, disaggregated as Adults and Pediatrics.

Supply Box Commodities: For RHZE and RH tablets, indicate beginning balances, amount into and out of the supply boxes and ending balances.

Comments: Enter data on pharmaceutical care and impact if any. Give any information on Pharmacovigilance, Give any supply chain and commodities security explanations for the information provided in the report.

Compiled by: The person responsible for preparing this report should write their full Name, Designation, Contact telephone, Date of signing and Signature

MINISTRY OF HEALTH
NATIONAL TUBERCULOSIS, LEPROSY AND LUNG DISEASE PROGRAM
FACILITY LEPROSY, TUBERCULOSIS COMMODITIES CONSUMPTION DATA REPORT & REQUEST FORM

FacilityName: _____ MFLCode: _____ Sub County: _____ County: _____

Facility Type:	DISP <input type="checkbox"/>	HC <input type="checkbox"/>	SCH <input type="checkbox"/>	CRH <input type="checkbox"/>	NRH <input type="checkbox"/>
Sector	PUBLIC <input type="checkbox"/>	FBO <input type="checkbox"/>	PRISONS <input type="checkbox"/>	PRIVATE <input type="checkbox"/>	OTHER : _____

Beginning Date (of Reporting Period): _____ Ending Date (of Reporting Period): _____

Commodity	Unit	Beginning Balance (at the start of Month)	Received this Month	Quantity		Positive Adjustment	Negative Adjustment	Losses	Ending Balance	Physical Count	Earliest Expiry Date (6 months)		Quantity Needed for Resupply
				Dispensed							Date	Qty	
A	B	C	D	E	F	G	H	I			J		
Drug Sensitive TB													
TB Patient Packs	Packs												
R/H/Z/E 150/75/400/275 mg	Tablets												
R/H/Z/ 75/50/150 mg	Tablets												
R/H 75/50 mg	Tablets												
Ethambutol 400 mg	Tablets												
Ethambutol 100 mg	Tablets												
Pyrazinamide 500 mg	Tablets												
Rifampicin 300 mg	Tablets												
Rifampicin 150 mg	Tablets												
Prophylaxis													
Isoniazid 300 mg	Tablets												
Isoniazid 100 mg	Tablets												
Isoniazid syrup 50mg/5ml	Bottle												
Isoniazid 100mg/5ml	Bottle												
Pyridoxine 25 mg	Tablets												
Pyridoxine 50 mg	Tablets												
Rifapentine + Isoniazid 300/300mg	Tablets												
Rifapentine 150mg tabs	Tablets												
Vitamin A 100,000 IU	Capsules												
Vitamin A 200,000 IU	Capsules												
Ferrous Sulphate 200mg	Tablets												
Folic Acid 5mg	Tablets												
Leprosy													
MB Adult Blister	Packs												
MB Child Blister Packs	Packs												
PB Adult Blister Packs	Packs												
PB Child Blister Packs	Packs												
Drug Resistant TB													
Cycloserine 250mg	Tablets												
Levofloxacin 250mg	Tablets												
Levofloxacin 500mg	Tablets												
Prothionamide 250mg	Tablets												
Para-aminosalicylic acid 4mg	Sachets												
Bedaquiline 100mg	Tablets												
Clofazimine 100mg	Capsule												
Linezolid 600mg	Tablets												
Delaminid 50mg	Tablets												
Linezolid 150mg	Tablets												
Nutritional Food Supplements													
RUTF (Ready to use Therapeutic Feed)	Sachets												
FBF (Fortified Blended Foods)	Sachets												
Ancillary Medicines (Other)													
Omeprazole 20mg	Tablets												
Carbamazepine 200mg	Tablets												
Prednisolone 5mg	Tablets												
Fluoxetine 20mg	Capsule												
Valproic Acid 200mg	Tablets												
Haloperidol 5mg	Tablets												

Reporting and Ordering Tools	50 page	DAR	CDRR
	Quantity Requested	100 page	FCDRR

Supply Box Commodities				
Commodity	Beginning Balance	Amount into Supply Box	Amount out of Supply Box	Ending Balance
A	B	C	D	E
RHZE Tablets				
RH Tablets				

Patient summaries					
Code	Regimen	Adult		Children	
		New	Revisit	New	Revisit
1	2RHZE/4RH				
2	2RHZ/4RH				
3	3RH				
4	3HP				
5	6H				
6	PB				
7	MB				

COMMENTS:

- Number of patients on TDM.....
Impact on cohort outcomes
- Number of patients on Drug Utilization reviews
Impact on overall cohort outcomes
- Number of pharmacovigilance cases reported
Cases that were managed and resolved
- Supply chain and commodities

Compiled By: _____ Designation: _____ Date: _____



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