## MINISTRY OF HEALTH FACILITY CONSUMPTION DATA REPORT AND REQUEST (F-CDRR) FOR NUTRITION COMMODITIES

Facility Name:		Facility's MFL code:										
Region:			-	County:			Sub-county:					
Funding source: (Please Tick)	KEMSA /GOK		USAID		UNICEF		WFP		Other			
Point of Service Delivery:- (Please Tick)		МСН		ссс			Ward		TB clinic			
Period of Reporting:	Beginning:				Ending:							
		(Day/Month/Year)				(Day/Month/Ye	ar)					
Commodity Name	Unit of Issue	Beginning Balance	Quantity Received this Month	Quantity Dispensed this Month	Losses (damages, expiries, missing)	Positive Adjustments (borrowed from out to other facilities)	Negative Adjustments (Issued out to other facilities)	Physical count	Commodities w months t		Days out of Stock this month	Quantity Required For RESUPPLY
		A	В	C	D food products	E	F	G				н
Therapeutic diet milk (F-75), 75kcal/100ml	102.5g sachet			Therapeuti	c food products							
Therapeutic diet milk (F-100), 100kcal/100ml	114g sachet											
Ready to use therapeutic food (RUTF) paste, 500kcal/92g	1 sachet of 92g											
Ready to use therapeutic food (RUTF) bar, 500kcal/100g	100g bar											
Described and a second second of the second				Supplement	tal food product	s						
Ready to use supplemental food (RUSF) paste, 500kcal/92g	1 sachet of 92g											
Corn Soy Blend flour, 390kcal/100g	Bag of 15 sachets of 300g											
Fortified Blended Food (FBF) flour, 415kcal/100g [for Children aged 6 months – 9 years]	Bag of 15 sachets of 200g											
Fortified Blended Food (FBF) flour, 435kcal/100g [for Adults and Adolescents (10-17 years)]	Bag of 15 sachets of 300g											
Fortified Blended Food (FBF) flour, 450kcal/100g [for Pregnant Women and Post-partum mothers]	Bag of 15 sachets of 300g											
				Multiple I	Micronutrients							
Micronutrient powder	1 sachet of 1g											
Multiple Vitamin and Mineral mix (tablets/capsules)												
Therapeutic Vitamin A 100 000 IU (30 mg RE)	1 Blue capsule (100,000 IU)											
Therapeutic Vitamin A 200 000 IU (60 mg RE)	1 Red capsule (200,000 IU)											
Combined Iron (60mg) Folic Acid (400µg)	1 Tablet/ capsule											
Point of use Water treatment solution	150ml bottle				Others							
(1.2% Sodium hypochlorite[NaOCI] )	130IIII DOLLIE											
ORDER FOR ADDITIONAL TOOLS	·				1							
Order for extra Data collection tools:- (1) Daily Activity Register for Nutrition commodities MOH				(2) F-CDRR for Nutrition commodities -Satellite sites MOH 734B				(3) Nutrition Services Register (Children) MOH 407 B				
	ntion form for			(E) Niversian Co	T) Nutrition Comitoes Pository			(6) Facility Monthly Summary for Nutrition				
	Nutrition Commod	iption form for dities MOH 732			(5) Nutrition Services Register (Adult) MOH 407A			Services MOH 733B				
To be requested only when your Data collection or repo	orting Tools are near	ly full. Indicate quant	tity required for e	each tool type								
Comments (on Commodity logistics and clinical issues, including explanation of Losses & Adjustments):												
Report prepared by							]		1			
Report prepared by:	Name of Reporting officer				Designation			Date Contact Tel.:				
Report approved by:												
	Nan	ne of Approving officer			Designation	-		Date		Contact Tel.:		

SUBMISSION OF THE REPORT
Submit this monthly report to the Central site with which your facility is affiliated to reach by the 5th of every month.