

REPUBLIC OF KENYA



MINISTRY OF HEALTH

Facility Daily Activity Register (F-DAR) for Commodities (STI, Overdose Management and Hep B&C)

DIC/Facility Name: _____ Facility (MFL) Code: _____

County: _____ Sub-County: _____

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

FACILITY DAILY ACTIVITY REGISTER (F-DAR) FOR COMMODITIES (STI, OVERDOSE MANAGEMENT AND HEP B&C)

				Overdose		Hepatitis C	STI													
				RX Treated(Indicate code)	Naloxone 1mg/ml(prefilled)	Naloxone 0.4 mg/ml(Ampoule)	Ledispasvir/sofosbuvir 90mg/400mg	Cefixime 400mg Tabs	Metronidazole 400mg Tabs	Azithromycin 500mg Tabs	Ceftriaxone injection IM/ IV	Clotrimazole pessaries 200mg Tabs	Fluconazole 150mg Tabs	Gentamicin injection - 80mg- 40mg/ml 2ml amp	Doxycycline 100 mg caps	Benzathine penicillin 2.4 mu	Acyclovir 400mg	Podophyline paint (physician application)	Hepatitis B Vaccine(Single dose)	
Unit of Issue					Ampoule	Ampoule	Tab	Tab	Tab	Tab	Vial	3s	Tab	Ampoule	Caps	Vial	Tab	Tube	Vial	
Balance B/F (In Units) (A)																				
Quantity Received (In Units) (B)																				
Stock on Hand (Balance B/F plus Quantity Received) (In Units) (C = A + B)																				
Date	UIC/Client no.	Issued to (Name of KP)	Name of Dispensing Officer																	
Total Quantity Dispensed (In Units) (D)																				
Losses (In Units) (E)																				
Positive Adjustments (In Units) (F)																				
Negative Adjustments (In Units) (G)																				
Balance C/F (In Units) (H)																				

- | | | |
|-----------------------|-------------------------------|---------------------------|
| # KEY | # KEY | # KEY |
| 1 Urethral discharge | 6 Anorectal ulcer | 11 Opiod overdose managed |
| 2 Vaginal discharge | 7 Oropharyngeal non-ulcer STI | 12 HEP B Vaccinated |
| 3 PID | 8 Painful Inguinal swelling | 13 HEP C Treated |
| 4 GUD | 9 Anogenital growth | |
| 5 Anorectal discharge | 10 Painful Scrotal swelling | |

TOTAL CASES				
1		6		11
2		7		12
3		8		13
4		9		
5		10		