

SECTION 1 of 7: FACILITY INFORMATION

Facility Name	<input type="text"/>	Facility Tier	<input type="text"/>	County	<input type="text"/>
Facility Type	<input type="text"/>	Owned By	<input type="text"/>	District/Sub County	<input type="text"/>

*** For Facility Type(Dispensary, Health Centre etc.) * For Owned By (Public/Private/FBO/MOH/NGO)**

CADRE	NAME	MOBILE	EMAIL
Facility Incharge	<input type="text"/>	<input type="text"/>	<input type="text"/>
MCH Incharge	<input type="text"/>	<input type="text"/>	<input type="text"/>
Maternity Incharge	<input type="text"/>	<input type="text"/>	<input type="text"/>

DOES THIS FACILITY CONDUCT DELIVERIES?	Yes <input type="checkbox"/> No <input type="checkbox"/>
-----------------------------------------------	----------------------------------------------------------

IF NO, WHAT ARE THE MAIN REASONS FOR NOT CONDUCTING DELIVERIES? (multiple selections allowed)

Inadequate skill	Inadequate staff	Inadequate infrastructure	Inadequate Equipment	Inadequate commodities and supplies	Other (Please specify)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="text"/>

QUESTION	RESPONSE
----------	----------

QUESTION	RESPONSE
----------	----------

Total Number of Beds in Facility	<input type="text" value="2"/>
Total Number of Beds in Maternity	<input type="text" value="3"/>
Total Number of Beds for Newborns	<input type="text" value="0"/>

QUESTION	RESPONSE
----------	----------

Does this facility operate 24 Hours a Day 7 days a Week?	Yes <input type="checkbox"/> No <input type="checkbox"/>
----------------------------------------------------------	----------------------------------------------------------

Health Facility Management

QUESTION	RESPONSE
----------	----------

(1). Does this facility have Health Facility Management Committee or Board?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(2). Does this facility have Quality Improvement Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(3). Does this facility have Maternal Perinatal Death Review (MPDR) Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(4). Does this facility have Infection Prevention Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/>

(5). Does this facility have Disciplinary Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(6). Does this facility have Corruption Prevention Committee?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 2 of 7: FACILITY DATA AND MATERNAL AND NEONATAL SERVICE DELIVERY

INDICATE THE NUMBER OF DELIVERIES CONDUCTED IN THE FOLLOWING PERIODS												
MONTH	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
2014												

PROVISION OF Basic Emergency Obstetric Neonatal Care(BEmONC) SIGNAL FUNCTIONS

*** Verify this information by looking at patients records: 5 Patients Files, Registers and Partograph**

SIGNAL FUNCTION	WAS IT CONDUCTED?	INDICATE <u>PRIMARY</u> CHALLENGE
Administration of parenteral antibiotics	Yes <input type="checkbox"/> No <input type="checkbox"/>	1.Inadequate Drugs <input type="checkbox"/> 2.Inadequate Skill <input type="checkbox"/> 3.Inadequate Supplies <input type="checkbox"/> 4.No Job aids <input type="checkbox"/> 5.Inadequate Equipment <input type="checkbox"/> 6.Case never presented <input type="checkbox"/> 7.No Challenge Experienced <input type="checkbox"/>
Administration of uterotonic drugs within one	Yes <input type="checkbox"/> No <input type="checkbox"/>	1.Inadequate Drugs <input type="checkbox"/> 2.Inadequate Skill <input type="checkbox"/> 3.Inadequate Supplies <input type="checkbox"/> 4.No Job aids <input type="checkbox"/> 5.Inadequate Equipment <input type="checkbox"/> 6.Case never presented <input type="checkbox"/> 7.No Challenge Experienced <input type="checkbox"/>
Administration of parenteral anticonvulsants	Yes <input type="checkbox"/> No <input type="checkbox"/>	1.Inadequate Drugs <input type="checkbox"/> 2.Inadequate Skill <input type="checkbox"/> 3.Inadequate Supplies <input type="checkbox"/> 4.No Job aids <input type="checkbox"/> 5.Inadequate Equipment <input type="checkbox"/> 6.Case never presented <input type="checkbox"/> 7.No Challenge Experienced <input type="checkbox"/>
Manual removal of placenta	Yes <input type="checkbox"/> No <input type="checkbox"/>	1.Inadequate Drugs <input type="checkbox"/> 2.Inadequate Skill <input type="checkbox"/> 3.Inadequate Supplies <input type="checkbox"/> 4.No Job aids <input type="checkbox"/> 5.Inadequate Equipment <input type="checkbox"/> 6.Case never presented <input type="checkbox"/> 7.No Challenge Experienced <input type="checkbox"/>
Removal of retained products of conception	Yes <input type="checkbox"/> No <input type="checkbox"/>	1.Inadequate Drugs <input type="checkbox"/> 2.Inadequate Skill <input type="checkbox"/> 3.Inadequate Supplies <input type="checkbox"/> 4.No Job aids <input type="checkbox"/> 5.Inadequate Equipment <input type="checkbox"/> 6.Case never presented <input type="checkbox"/> 7.No Challenge Experienced <input type="checkbox"/>
Assisted vaginal delivery	Yes <input type="checkbox"/> No <input type="checkbox"/>	1.Inadequate Drugs <input type="checkbox"/> 2.Inadequate Skill <input type="checkbox"/> 3.Inadequate Supplies <input type="checkbox"/> 4.No Job aids <input type="checkbox"/> 5.Inadequate Equipment <input type="checkbox"/> 6.Case never presented <input type="checkbox"/> 7.No Challenge Experienced <input type="checkbox"/>
Newborn resuscitation	Yes <input type="checkbox"/> No <input type="checkbox"/>	1.Inadequate Drugs <input type="checkbox"/> 2.Inadequate Skill <input type="checkbox"/> 3.Inadequate Supplies <input type="checkbox"/> 4.No Job aids <input type="checkbox"/> 5.Inadequate Equipment <input type="checkbox"/> 6.Case never presented <input type="checkbox"/> 7.No Challenge Experienced <input type="checkbox"/>
Use of Partograph	Yes <input type="checkbox"/> No <input type="checkbox"/>	1.Inadequate Drugs <input type="checkbox"/> 2.Inadequate Skill <input type="checkbox"/> 3.Inadequate Supplies <input type="checkbox"/> 4.No Job aids <input type="checkbox"/> 5.Inadequate Equipment <input type="checkbox"/> 6.Case never presented <input type="checkbox"/> 7.No Challenge Experienced <input type="checkbox"/>

PROVISION OF Comprehensive Emergency Obstetric and Newborn Care (CEmONC) SERVICES IN THE LAST THREE MONTHS

*** Verify this information by looking at patients records: 5 Patients Files, Registers and Partograph**

QUESTION	RESPONSE
(1). Is there a time a mother needed blood transusion and could not be transfused?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If blood transfusion is performed, indicate main source of blood	1. Blood bank available <input type="checkbox"/> 2. Transfusions done but no blood bank <input type="checkbox"/> 3. Other(specify) <input type="checkbox"/> Provide Other <input type="text"/>
Give a reason why blood transfusion is not performed	1. Blood not available <input type="checkbox"/> 2. Supplies and equipment not available <input type="checkbox"/> 3. Other(specify) <input type="checkbox"/> Other Reason <input type="text"/>
(2). Does this facility have reagents for blood grouping?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(3). Does this facility have a fridge for the storage of blood?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(4). Does this facility conduct Caesarian Section?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If NO, Give the MAIN reason for not conducting Caeserian Section	1. Supplies and equipment not available <input type="checkbox"/> 2. Theatre space not available <input type="checkbox"/> 3. Human Resource not available <input type="checkbox"/> 4. Other(specify) <input type="checkbox"/> Other Reason <input type="text"/>

PROVISION OF HIV Testing and Counselling

*** Verify this information by looking at patients records: 5 Patients Files and Registers**

QUESTION	RESPONSE
(1). Does this facility offer HIV counselling to pregnant mothers?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>
(2). Are all pregnant women tested for HIV?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>
(3). Are ARVs provided to mothers in the MCH?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>
(4). Are all infants screened for HIV exposure?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>
(5). Is Prophylaxis provided to neonates in the MCH?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>
(6). Are ARVs provided to mothers in the maternity unit?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>
(7). Are mothers re-tested for HIV in the maternity unit?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>
(8). Does this facility offer partner testing?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>
(9). Does this facility offer psycho-social support?(e.g. Mentor Mothers)	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>
(10). Are mothers retested for HIV in the maternity unit?	Yes <input type="checkbox"/> No <input type="checkbox"/> If NO, give MAIN reason <input type="text"/>

PROVISION OF Newborn Care

QUESTION	RESPONSE
(1). Does this facility manage and admit newborns?	Yes <input type="checkbox"/> No <input type="checkbox"/>

PROVISION OF Kangaroo Mother Care

QUESTION	RESPONSE
(1). Does facility provide Kangaroo mothercare?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(2). Is there a designated space for KMC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(3). Are mothers encouraged to employ KMC?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(4). Is the facility aware of KMC?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Preparedness for Delivery

Criteria : Adult Resuscitation Kit Complete, Working and Clean ; Newborn Resuscitation Kit Complete, working and clean; Receiving Place ; Adequate Light ; No draft(cold air); Clean (delivery beds, recovery beds and all surfaces) ; Waste Disposal System ; Sterilization color-coded ;Sharp Container; Privacy; Delivery Kit

QUESTION	RESPONSE
(1). Is this facility prepared for delivery?	Yes <input type="checkbox"/> No <input type="checkbox"/>

SECTION 3 of 7: GUIDELINES, JOB AIDS AND TOOLS AVAILABILITY

GUIDELINES AVAILABILITY

ASPECTS	RESPONSE	QUANTITY
(1). Does the facility have updated National Roadmap to improving Maternal and Neonatal Health	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(2). Does the facility have updated National Guidelines for Quality Obstetric and Essential Newborn Care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(3). Does the facility have updated PMTCT guidelines?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(4). Does the facility have an updated Post Abortion Care Guidelines?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(5). Does the facility have Infant Young Child Feeding policy statement?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(6). Does the facility have Baby Friendly Hospital Initiative Guideline?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

JOB AIDS		
ASPECTS	RESPONSE	QUANTITY
(1). Does the facility have an updated PPH (AMSTL) job aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(2). Does the facility have an updated Breastfeeding job aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(3). Does the facility have an updated Neonatal Resuscitation job aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(4). Does the facility have an updated MgSO4 job aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(5). Does the facility have an updated HBB Action Plan (Asphyxia) job aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(6). Does the facility have Guidelines of Blood Transfusion in pregnancy job aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(7). Does the facility use Methods of Oxygen Administration job aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
(8). Does the facility have an updated KMC job aid?	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
DOES THE UNIT HAVE THE FOLLOWING TOOLS?		
TOOL	RESPONSE	
(A) Referral Form	Yes <input type="radio"/> No <input type="radio"/>	
(B) CDRR (Consumption Data Request Report)	Yes <input type="radio"/> No <input type="radio"/>	
(C) Partograph	Yes <input type="radio"/> No <input type="radio"/>	
(D) Delivery Register	Yes <input type="radio"/> No <input type="radio"/>	
(E) Post-Natal Register	Yes <input type="radio"/> No <input type="radio"/>	
(F) Newborn Register	Yes <input type="radio"/> No <input type="radio"/>	
(G) Mother Child Booklet	Yes <input type="radio"/> No <input type="radio"/>	
(H) FP Register	Yes <input type="radio"/> No <input type="radio"/>	

SECTION 4 of 8: STAFF TRAINING

HOW MANY STAFF MEMBERS HAVE BEEN TRAINED IN THE FOLLOWING?

Clinical Staff	Total in Facility	Total Available On Duty	# of Staff Trained in Basic Emergency Obstetric Neonatal Care (BEmONC)		# of Staff Trained in Focused Antenatal Care		# of Staff Trained in Post Natal Care		# of Staff Trained in Essential Newborn Care		How Many Of The Total Staff Members Trained are still Working in the Maternity/ MCH/ Gynaecological Ward?
			BEFORE 2010	AFTER 2010	BEFORE 2010	AFTER 2010	BEFORE 2010	AFTER 2010	BEFORE 2010	AFTER 2010	
Doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R.C.O.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOW MANY STAFF MEMBERS HAVE BEEN TRAINED IN THE FOLLOWING?

Clinical Staff	Total in Facility	Total Available On Duty	# of Staff Trained in Maternal and Perinatal death Surveillance and review (MPDSR)		# of Staff Trained in Standards-Based Management and Recognition(SBM-R)		# of Staff Trained in Uterine Balloon Tamponade		# of Staff Trained in PP IUCD		How Many Of The Total Staff Members Trained are still Working in the Maternity/ MCH/ Gynaecological Ward?
			BEFORE 2010	AFTER 2010	BEFORE 2010	AFTER 2010	BEFORE 2010	AFTER 2010	BEFORE 2010	AFTER 2010	
Doctor	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Nurse	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
R.C.O.	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 5 of 8: COMMODITY AVAILABILITY

Main Supplier

Who is the Main Supplier of the Commodities **Below**? Direct from Donor ☐ KEMSA ☐ MEDS ☐ Other ☐ Private purchase by Facility ☐ Purchase By Patient ☐

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES. INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates (comma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Bundles of Zinc & ORS (Bundles made and ready for dispensing)	4 strips of ORS + 10 tablets of Zinc	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Bundling Materials		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Zinc Sulphate	20mg(Number of strips, 1 strip = 10 tablets)	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Low Osmolarity Oral Rehydration Salts (ORS)	1 sachet (500ml)	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ciprofloxacin	250mg (as HCL)(tablet)	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES.INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates(coma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Metronidazole (Flagyl)	200mg /5ml (oral liquid)	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Metronidazole (Flagyl)	200mg (paeds)	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Vitamin A	50,000 IU	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Vitamin A	100,000 IU	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Vitamin A	200,000 IU	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tablet Amoxicillin		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Syrup Amoxicillin		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES.INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates(coma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Tablet Paed Cotrimoxazole	120mg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tablet Cotrimoxazole	480mg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Syrup Cotrimoxazole		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tablet Ciprofloxacin	100mg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tablet Erythromycin		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Syrup Erythromycin		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Artesunate Injection		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES. INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates (comma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Injection Cholarmphenicol		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tablet Coartem	140mg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tablet Quinine	300mg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Injection Quinine	150mg/2ml	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Injection Quinine	300mg/2ml	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Injection Diazepam	10mg/2ml	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tablet Iron - folic acid		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES. INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates (comma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Syrup Iron		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tab/Cap Multivitamin		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tab. Albendazole		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Cholramphenicol eye ointment		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tetracycline eye ointment		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tab. Paracetamol	500mg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tab. Paracetamol	100mg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES.INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates(coma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Syrup Paracetamol		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Salbutamol		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Inhaler Salbutamol		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gention Violet	0.25%	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
10% Dextrose		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
IV fluid: Ringer lactate Solution		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
IV fluid: 9% Normal Saline		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES.INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates(coma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
RESOMAL		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Lamivudine/Zidovudine (AZT/3TC)	60MG/30MG TAB	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Lamivudine/Zidovudine/Nevirapine (AZT/3TC/NVP)	60MG/30MG/50MG TAB	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Abacavir/Lamivudine/Zidovudine(ABC/AZT/3TC)	60MG/60MG/30MG TAB	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Abacavir/Zidovudine(ABC/3TC)	60MG/30MG TAB	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stavudine/Zidovudine(d4T/3TC)	6MG/30MG TAB	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stavudine/Zidovudine/Nevirapine(d4T/3TC/NVP)	6MG/30MG/50MG TAB	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES.INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates(coma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Efavirenz(EFV)	200MG TAB	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Efavirenz(EFV)	600MG TAB	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Other		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Oxytocin	10 IU	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Oxytocin	5 IU	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ergometrine	Injection 200mcg/ml	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Misoprostol	200mcg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES. INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates (comma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Misoprostol	25mcg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Magnesium Sulphate IV	500mg/ml	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Magnesium Sulphate IM	5 grams	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Calcium Gluconate	5% solution	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Dexamethasone	4mg/ml	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Hydralazine IV	20mg/ml	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Chlorhexidine	4%	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES. INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates (comma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Chlorhexidine	5%	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Benzyl Penicillin	5mu	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Benzyl Penicillin	1mu	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ceftriaxone	Injection 1g	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Metronidazole IV	500mg/100ml	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Vitamin K	2 mg	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Implanon		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES. INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates (comma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Jadelle		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Female condoms		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Oral Hormonal Contraceptives		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Injectable Hormonal Contraceptives		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Emergency Oral Contraceptive		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Oxygen		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Lignocaine 1% Injection		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES. INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates (comma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Calcium Gluconate Injection	100mg/ml (10%) in 10ml amp	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Water for injection	10ml amp	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Dexamethasone Injection	4mg/ml in 1ml amp	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
IUCD (Copper T)		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Nevirapine (SD NVP)	200MG Tab	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Zidovudine (AZT)	300MG Tab	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Lamivudine/Zidovudine (AZT/3TC)	150MG/300MG	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES. INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates (comma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Efavirenz (EFZ)	200MG Capsule	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Lopinavir+Ritonavir (LPV/r)		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Nevirapine (NVP)	500MG/ 5ml Syr	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sulphadoxine+Pyrimethamine	500MG+25MG Tab	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Insecticide Treated Nets		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gentamicin	Injection 10mg/ml	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Gentamicin	2ml vial	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING COMMODITIES.INCLUDE REASON FOR UNAVAILABILITY.

*** Include all expiry dates(coma-separated) in the format (DD-MM-YYYY)**

Commodity Name	Commodity Unit	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)							Available Quantities	
		Available	Not Available		OPD	MCH	U5 Clinic	Ward	Pharmacy	Other	Not Applicable	No. of Units	Expiry Date
Lignocaine	2%	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adrenalin		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Normal Saline		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Dextrose		<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet Received <input type="checkbox"/> 3. Expired <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

SECTION 6 of 8: COMMODITY USAGE

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Bundles of Zinc & ORS (Bundles made and ready for dispensing)	4 strips of ORS + 10 tablets of Zinc	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bundling Materials		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zinc Sulphate	20mg(Number of strips, 1 strip = 10 tablets)	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Osmolarity Oral Rehydration Salts (ORS)	1 sachet (500ml)	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Ciprofloxacin	250mg (as HCL)(tablet)	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metronidazole (Flagyl)	200mg /5ml (oral liquid)	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metronidazole (Flagyl)	200mg (paeds)	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin A	50,000 IU	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin A	100,000 IU	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Vitamin A	200,000 IU	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet Amoxicillin		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syrup Amoxicillin		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet Paed Cotrimoxazole	120mg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet Cotrimoxazole	480mg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Syrup Cotrimoxazole		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet Ciprofloxacin	100mg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet Erythromycin		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syrup Erythromycin		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Artesunate Injection		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Injection Cholarmphenicol		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet Coartem	140mg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet Quinine	300mg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection Quinine	150mg/2ml	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injection Quinine	300mg/2ml	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Injection Diazepam	10mg/2ml	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tablet Iron - folic acid		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syrup Iron		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tab/Cap Multivitamin		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tab. Albendazole		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Cholramphenicol eye ointment		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tetracycline eye ointment		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tab. Paracetamol	500mg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tab. Paracetamol	100mg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Syrup Paracetamol		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Salbutamol		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhaler Salbutamol		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gention Violet	0.25%	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10% Dextrose		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IV fluid: Ringer lactate Solution		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
IV fluid: 9% Normal Saline		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESOMAL		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamivudine/Zidovudine (AZT/3TC)	60MG/30MG TAB	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamivudine/Zidovudine/Nevirapine (AZT/3TC/NVP)	60MG/30MG/50MG TAB	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abacavir/Lamivudine/Zidovudine(ABC/AZT/3TC)	60MG/60MG/30MG TAB	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Abacavir/Zidovudine(ABC/3TC)	60MG/30MG TAB	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stavudine/Zidovudine(d4T/3TC)	6MG/30MG TAB	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stavudine/Zidovudine/Nevirapine(d4T/3TC/NVP)	6MG/30MG/50MG TAB	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efavirenz(EFV)	200MG TAB	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efavirenz(EFV)	600MG TAB	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Other		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxytocin	10 IU	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxytocin	5 IU	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ergometrine	Injection 200mcg/ml	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Misoprostol	200mcg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Misoprostol	25mcg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnesium Sulphate IV	500mg/ml	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magnesium Sulphate IM	5 grams	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium Gluconate	5% solution	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dexamethasone	4mg/ml	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used		Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Hydralazine IV	20mg/ml	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorhexidine	4%	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chlorhexidine	5%	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzyl Penicillin	5mu	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Benzyl Penicillin	1mu	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Ceftriaxone	Injection 1g	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Metronidazole IV	500mg/100ml	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vitamin K	2 mg	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Implanon		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Jadelle		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Female condoms		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oral Hormonal Contraceptives		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Injectable Hormonal Contraceptives		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Oral Contraceptive		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Lignocaine 1% Injection		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Calcium Gluconate Injection	100mg/ml (10%) in 10ml amp	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water for injection	10ml amp	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dexamethasone Injection	4mg/ml in 1ml amp	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IUCD (Copper T)		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Nevirapine (SD NVP)	200MG Tab	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Zidovudine (AZT)	300MG Tab	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lamivudine/Zidovudine (AZT/3TC)	150MG/300MG	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Efavirenz (EFZ)	200MG Capsule	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lopinavir+Ritonavir (LPV/r)		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Nevirapine (NVP)	500MG/ 5ml Syr	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sulphadoxine+Pyrimethamine	500MG+25MG Tab	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insecticide Treated Nets		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentamicin	Injection 10mg/ml	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gentamicin	2ml vial	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IN THE LAST 3 MONTHS INDICATE THE USAGE, NUMBER OF TIMES THE COMMODITY WAS NOT AVAILABLE. WHEN THE COMMODITY WAS NOT AVAILABLE WHAT HAPPENED?

Commodity Name	Unit Size	Usage	Duration of Unavailability	When the commodity was not available what happened? (Multiple Selections Allowed)				
		Total Units Used	Times Unavailable	Patient purchased the commodity privately	Facility purchased the commodity privately	Facility received the commodity from another facility	The procedure was not conducted	The procedure was conducted without the commodity
Lignocaine	2%	<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adrenalin		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Normal Saline		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dextrose		<input type="text"/>	a. 1 week <input type="checkbox"/> b. 2 weeks <input type="checkbox"/> c. 1 month <input type="checkbox"/> d. more than 1 month <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7 of 8: I. EQUIPMENT AVAILABILITY AND FUNCTIONALITY

Equipment Name	Availability (One Selection Allowed)		Location of Availability (Multiple Selections Allowed)				Available Quantities	
	Available	Not Available	Delivery room	Pharmacy	Store	Other	Fully-Functional	Non-Functional
Testing Supplies	Availability (One Selection Allowed)		Location of Availability (Multiple Selections Allowed)					
	Available	Not Available	OPD	MCH	U5 Clinic	Ward	Other	
Uristicks	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DNA PCR Testing Kit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rapid Testing Kits for HIV	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RDT strips and reagent for malaria	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microscope for malaria test	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 7 of 8: II. KITS/SETS AVAILABILITY

Delivery Kit Components	Availability (One Selection Allowed)		Location of Availability (Multiple Selections Allowed)				Available Quantities	
	Available	Not Available	Delivery room	Pharmacy	Store	Other	Fully-Functional	Non-Functional
Instrument Tray	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Bowls 8"	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Kidney Dish 10"	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Toothed Dissecting Forceps 6"	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Mayo Scissors curved 7"	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Cord Scissors 10cm(4")	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Needle Holder 7"	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Artery Forceps Straight 8"	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Episiotomy Scissors (Braun stadler 12.5cm/Barnes 14.5cm)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Delivery Kit Components	Availability (One Selection Allowed)		Location of Availability (Multiple Selections Allowed)				Available Quantities	
	Available	Not Available	Delivery room	Pharmacy	Store	Other	Fully-Functional	Non-Functional
Gallipots	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Safe Water Source	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Electricity	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
TV	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
DVD Player	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Tea spoons	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Electricity	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Manual/ Electrical Suction machine	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ambu bag-Adult size (500mls volume)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Ambu bag-Paedriatic size	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MVA (Manual Vacuum Aspiration) kit	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Airways (different sizes)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Patella hammer	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Large size Speculum	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Graves Vaginal Speculums	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stethoscope	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
BP Machine	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Vacuum Pump/Extractor	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Infant Weighing Scale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Delivery Kit Components	Availability (One Selection Allowed)		Location of Availability (Multiple Selections Allowed)				Available Quantities	
	Available	Not Available	Delivery room	Pharmacy	Store	Other	Fully-Functional	Non-Functional
Color-coded Bins (Black,Red,Yellow)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Adult Weighing Scale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Fetoscope	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Resuscitaire	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Heater	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Table spoons	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Stirring spoon	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Plastic buckets (with lids for infection prevention)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Buckets-for storing cups,spoons	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Plastic cups (250 - 300mls)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Plastic cups (350 - 500mls)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
1 litre or more Calibrated measuring jars	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Table Trays	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Waste Container	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wall Clock/Timing device	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Table- for mixing ORS	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Benches/chair(s)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Water Storage Container(at least 20lts to 40lts)-With Tap	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Water Storage Container(at least 20lts to 40lts)-Without Tap	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Delivery Kit Components	Availability (One Selection Allowed)		Location of Availability (Multiple Selections Allowed)				Available Quantities	
	Available	Not Available	Delivery room	Pharmacy	Store	Other	Fully-Functional	Non-Functional
Locally available measuring containers e.g. cooking fat	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Weighing scale	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Hand Washing Facility/Point e.g. tippy taps	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Thermometer	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
MUAC Tape	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Foetoscope or Foetomonitor	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Plastic cups (50-100mls)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Plastic cups (101-200mls)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Wash Basins	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Water heating equipment (e.g..hot plate/Meko)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Hot plate-Electric/Solar powered	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Heater- Gas powered	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Charcoal or Firewood Stove/Heater	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Paraffin Stove/Heater	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>
Sufurias with a Lid (14 inch)	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>

Main Supplier

Who is the Main Supplier of the Supplies **Below**? ☐ Direct from Donor ☐ KEMSA ☐ MEDS ☐ Other ☐ Private purchase by Facility ☐ Purchase By Patient

INDICATE THE AVAILABILITY, LOCATION, SUPPLIER AND QUANTITIES ON HAND OF THE FOLLOWING SUPPLIES. INCLUDE REASON FOR UNAVAILABILITY.

Supplies Name	Availability (One Selection Allowed)		Main Reason For Unavailability	Location of Availability (Multiple Selections Allowed)				Available Supplies
	Available	Not Available		Delivery room	Pharmacy	Store	Other	
Delivery kit	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Adult resuscitation kit	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Neonate resuscitation kit	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Vaginal examination pack	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Suction tube	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cut down tray set	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Caesarian Section set	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
IV starter kit	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Cord Clamps	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Baby Wrappers / Linen (At least 3)	<input type="radio"/>	<input type="radio"/>	1. Not Ordered <input type="checkbox"/> 2. Ordered but not yet received <input type="checkbox"/> 3. Expired <input type="checkbox"/> 4. All Used <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

SECTION 7 of 8: III. RESOURCE AVAILABILITY

Resource Name	Availability (One Selection Allowed)		Location of Availability (Multiple Selections Allowed)					Main Source
	Available	Not Available	OPD	MCH	U5 Clinic	Maternity	Other	
Running Water	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Borehole <input type="checkbox"/> Other <input type="checkbox"/> Piped <input type="checkbox"/> River/Stream <input type="checkbox"/> Water Truck <input type="checkbox"/>
ASPECT			RESPONSE		SPECIFY			
Do you have storage for water? (If Yes, please specify)			Yes <input type="checkbox"/> No <input type="checkbox"/>		Water Storage Point <input type="text"/>			
Does the community have access to water? (If Yes, please specify main source)			Yes <input type="checkbox"/> No <input type="checkbox"/>		Main Source Borehole <input type="checkbox"/> Other <input type="checkbox"/> Piped <input type="checkbox"/> River/Stream <input type="checkbox"/> Water Truck <input type="checkbox"/>			

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Instrument Tray	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Bowls 8"	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Kidney Dish 10"	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Toothed Dissecting Forceps 6"	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Mayo Scissors curved 7"	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Cord Scissors 10cm(4")	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Needle Holder 7"	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Artery Forceps Straight 8"	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Episiotomy Scissors (Braun stadler 12.5cm/Barnes 14.5cm)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Gallipots	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Stethoscope	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Stethoscope	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Safe Water Source	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Electricity	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
TV	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
DVD Player	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Tea spoons	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Electricity	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Manual/ Electrical Suction machine	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Ambu bag-Adult size (500mls volume)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Ambu bag-Paedriatic size	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
MVA (Manual Vacuum Aspiration) kit	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Airways (different sizes)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Patella hammer	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Large size Speculum	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Graves Vaginal Speculums	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Stethoscope	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
BP Machine	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Vacuum Pump/Extractor	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Infant Weighing Scale	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Color-coded Bins (Black,Red,Yellow)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Adult Weighing Scale	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Fetoscope	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Resuscitaire	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Heater	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Table spoons	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Stirring spoon	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Plastic buckets (with lids for infection prevention)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Buckets-for storing cups,spoons	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Plastic cups (250 - 300mls)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Plastic cups (350 - 500mls)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
1 litre or more Calibrated measuring jars	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Table Trays	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Waste Container	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Wall Clock/Timing device	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Table- for mixing ORS	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Benches/chair(s)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Water Storage Container(at least 20lts to 40lts)-With Tap	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Water Storage Container(at least 20lts to 40lts)-Without Tap	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Locally available measuring containers e.g. cooking fat	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Weighing scale	<input type="radio"/>	<input type="radio"/>	Central Government/County Government <input type="radio"/> Not Applicable <input type="radio"/> Own Initiative <input type="radio"/> Partner <input type="radio"/> Privately Supplied <input type="radio"/>	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

INDICATE THE AVAILABILITY, LOCATION AND SUPPLIER OF THE FOLLOWING.

Resource Name	Availability (One Selection Allowed)		Main Supplier	Main Source
	Available	Never Available		
Hand Washing Facility/Point e.g. tippy taps	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Thermometer	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
MUAC Tape	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Foetoscope or Foetomonitor	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Plastic cups (50-100mls)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Plastic cups (101-200mls)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Wash Basins	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Water heating equipment (e.g..hot plate/Meko)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Hot plate-Electric/Solar powered	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Heater- Gas powered	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Charcoal or Firewood Stove/Heater	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Paraffin Stove/Heater	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>
Sufurias with a Lid (14 inch)	<input type="radio"/>	<input type="radio"/>	Central Government/County Government○Not Applicable○ Own Initiative○Partner○Privately Supplied○	National Grid <input type="checkbox"/> Generator <input type="checkbox"/> Solar <input type="checkbox"/> bio Gas <input type="checkbox"/> Others <input type="checkbox"/>

PROVISION OF Waste Disposal

QUESTION	RESPONSE
(1). How does this facility dispose of waste?	Waste Pit <input type="checkbox"/> Placenta Pit <input type="checkbox"/> Incinerator <input type="checkbox"/> Burning <input type="checkbox"/> Other <input type="checkbox"/>

SECTION 8 of 8: COMMUNITY STRATEGY

COMMUNITY STRATEGY

ASPECT	RESPONSE
(1) Total number of Community Units attached to a facility	<input type="text"/>
(2) Total number of Community Units regularly supervised and provided feedback	<input type="text"/>
(3) Total number of CHWs and CHEWs trained on Community MNH	<input type="text"/>
(4) Total number of Community Units supported with incentives for CHWs	<input type="text"/>
(5) Total Number of Pregnant Cases referred by CHWs to a health facility for Skilled Birth Attendant (SBA) for the past 3 months	<input type="text"/>
(6) Total Number of Infants born at home referred to the facility by CHWs?	<input type="text"/>
(7) Total Number of HIV Exposed Infants referred to the facility by CHWs	<input type="text"/>