

Facility Indicator Recording Form

Location: _____

Investigator: _____

Date: _____

Facility indicators	Results
Availability of Eritrean National Drug List (Yes/No)	
Availability of Eritrean National Formulary (Yes/No)	
Availability of Eritrean Treatment Guidelines (Yes/No)	
Percentage availability of key indicator drugs (%)	

COMMENTS:

SIGNATURE: _____