

FORM: PDM HEALTH_MIDWIFERY KIT, 3-RENEWABLES

DATE OF MONITORING VISIT (DD/MM/YR): ___/___/___	MONITOR NAME:
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A. PRELIMINARY INFORMATION

A.1. Governorate Name:		A.2. Camp OR Village Name:	
A.3. Sub-district Name:		A.4. Hospital/Maternity Name:	
A.5. Delivery Organisation Name:		A.6. Date of Delivery (DD/MM/YR):	___/___/___
A.8. Hospital/maternity focal point name:		A.9. Position of Health Facility focal point:	

*****Monitor instructions: Check ALL items and complete the table below*****

B.1.	Enter information provided by Drug Store/pharmacy staff (documented). <i>if None Received, enter 'N/R'</i>
B.2.	Enter information <u>as seen</u> in Drug Store Registry (documented) – <i>if UNICEF/IP item NOT Received, enter 'N/R'; if UNICEF/IP items not specified in Registry – enter 'N/S'</i>
B.3.	<u>Calculate</u> B1-B2 as this gives you the quantity that should be remaining
B.4.	Enter information <u>as seen</u> in the Drug store (<u>count</u> the UNICEF/IP Units remaining) – <i>if UNICEF/IP item NOT Received, enter 'N/R'</i>

If many differences between B3 and B4, ensure with drug store staff that no present stock is missed. Ask Drug Store Staff to help you find the missed items.

B. MONITORING OF THE MIDWIFERY KIT, 3-RENEWABLES

Items distributed in Midwifery kit, 3-Renewables	Standard content in <u>one</u> kit	B1 Actual Quantity received	B2 Quantities used	B3 = B1 – B2 Quantity that should be left	B4 Actual quantities remaining
Catheter,urethral,CH12,ster,disp/PAC-50 (1)	50 catheters				
Tube,suction,CH10,L50cm,ster,disp/PAC-50 (1)	50 tubes				
Blanket,survival,220x140cm/PAC-5 (1)	5 blankets				
Syringe,feeding,50ml,catheter tip,ster/BOX-10 (1)	10 syringes				
Syringe,disp,10ml,ster/BOX-100 (1)	100 syringes				
Syringe,disp,2ml,ster/BOX-100 (1)	100 syringes				

C. BENEFICIARY FEEDBACK (Health facility focal point)

C.1. Are all items in THE MIDWIFERY KIT, 3-RENEWABLES useful?

Useful

Not all items are useful (explain)-----

C.2. Any additional pharmacy's staff comments	
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D. MONITOR COMMENTS

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