

FORM: PDM HEALTH_ MONITORING OF THE MIDWIFERY KIT, SUPPLEMENTARY 1A - DRUGS

DATE OF MONITORING VISIT (DD/MM/YR): ___/___/___ MONITOR NAME:

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 '0'</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, SUPPLEMENTARY 1A - DRUGS

Items distributed in Midwifery Kit, Supplementary 1A-Drugs	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
Salbutamol oral inh. 0.1mg/ds 200ds (5 EA)	5 inhalators				
Oxytocin inj 10 IU 1ml amp/BOX-10 (5 BOX)	50 ampoules				
Diazepam inj 5mg/ml 2ml amp/BOX-10 pt (1 BOX)	10 ampoules				

C. BENEFICIARY FEEDBACK (Health facility focal point)

C.1. Are all items you received in THE MIDWIFERY KIT, SUPPLEMENTARY 1A - DRUGS useful?

Useful

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

C.2. Any additional pharmacy's staff comments

D. MONITOR COMMENTS

