

**FORM: PDM HEALTH\_ OBSTETRIC, SURGICAL KIT, SUPPLEMENTARY 2, EQUIPMENT**

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

**A. PRELIMINARY INFORMATION**

A.1. Governorate Name:		A.2. District Name:	
A.3. Sub-district Name:		A.4. Village Name:	
A.5. Hospital Name:			
A.6. Delivery Organisation Name:		A.7. Date of Delivery (DD/MM/YR):	___/___/___
A.8. Name of Drug Store Staff:			

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

B.1.	Enter information provided by Drug Store Staff (verbal and/or documented) – if None Received, enter 'N/R'
B.2.	Enter information <u>as seen</u> in Drug Store Registry (documented) – if UNICEF/IP item NOT Received, enter 'N/R'; if UNICEF/IP items not specified in Registry – enter 'N/S'
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 (count the UNICEF/IP Units remaining) – if UNICEF/IP item NOT Received, enter 'N/R'

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. OBSTETRIC, SURGICAL KIT, SUPPLEMENTARY 2, EQUIPMENT**

Items distributed in <u>One</u> surgical kit, supplementary 2, equipment	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
Vacuum extractor manual complete set	1 extractor				
Retractor, abdo, collin, 3 blades	1 retractor				
Retractor, abdo, balfour, 3 blades	1 retractor				
Retractor Farabeuf, 120 mm, pair	1 retractor				

**C. BENEFICIARY FEEDBACK (Health facility focal point)**

C.1. Are ALL items you received useful?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If No, please explain which items are not useful and why?

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

