

FORM: PDM HEALTH_ OBSTETRIC, SURGICAL KIT, SUPPLEMENTARY 3, RENEWABLES

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 3, RENEWABLES

Items distributed in <u>One</u> Kit	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,Foley,CH14,ster,disp	50 catheters				
Bag,urine,collecting,2000ml	100 bags				
Apron,protection,plastic,reusable	5 aprons				
Gloves,surg,pwdfree,8.5,ster,s.u.,pair	200 gloves				

C. BENEFICIARY FEEDBACK (Health facility focal point)

C.1. Are all items in SURGICAL KIT, SUPPLEMENTARY 3, RENEWABLES useful?

Yes No

If No, please explain Which items are not useful and why?:

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C.2. Any additional comment

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D. MONITOR COMMENTS

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