

**FORM: PDM HEALTH\_ MIDWIFERY KIT, 1-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 '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. MIDWIFERY KIT, 1-DRUGS**

Items distributed in Midwifery kit, 1-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
Metronidazole 250mg tabs/PAC-1000 (2 PAC)	2000 tabs				
Amoxicillin 250mg tabs/PAC-1000 (5 PAC)	5000 tabs				
Lidocaine inj 1% 50ml vial/BOX-5 (5 BOX)	25 vials				
Povidone iodine sol 10%/BOT-500ml (5 BOT)	5 BOT				

**C. BENEFICIARY FEEDBACK (Health facility focal point)**C.1. Are all items in MIDWIFERY KIT, 1-DRUGS useful? Useful Not all items are useful (explain)-----

C.2. Any additional pharmacy's staff comments

**D. MONITOR COMMENTS**

