

**FORM: PDM HEALTH\_ OBSTETRIC, SURGICAL KIT, SUPPLEMENTARY 1A, DRUGS**

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 1A**

Items distributed in <u>One</u> Obstetric, surgical kit, supplementary 1a	Standard content in <u>one</u> kit	B1 Expected total quantities received	B2 Actual Quantity received	B3 Quantities used	B4 Quantity should be left
Ketamine inj 50mg/ml 10ml vial/BOX-25 (3)	75 vials				
Salbutamol oral inh. 0.1mg/ds 200ds (10)	10 inhalators				
Oxytocin inj 10 IU 1ml amp/BOX-10 (1)	10 ampoules				
Diazepam inj 5mg/ml 2ml amp/BOX-10 (5)	50 ampoules				
Morphine sulph.inj 10mg/ml 1ml/BOX-10 (6)	60 ampoules				
Naloxone inj 400mcg/ml 1ml amp/BOX-10 (2)	20 ampoules				
Quinine inj 300mg/ml 2ml inj./BOX-10 (20)	200 ampoules				
Quinine sulfate 300mg tabs/PAC-100 (10)	1000 tabs				

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

**C.1. Are all items in SUPPLEMENTARY 1A useful?**

Ketamine	<input type="checkbox"/> Useful <input type="checkbox"/> Not useful (explain) _____
Salbutamol	<input type="checkbox"/> Useful <input type="checkbox"/> Not useful (explain) _____
Oxytocin	<input type="checkbox"/> Useful <input type="checkbox"/> Not useful (explain) _____
Diazepam	<input type="checkbox"/> Useful <input type="checkbox"/> Not useful (explain) _____
Morphine	<input type="checkbox"/> Useful <input type="checkbox"/> Not useful (explain) _____

Naloxone	<input type="checkbox"/> Useful <input type="checkbox"/> Not useful (explain) _____
Quinine	<input type="checkbox"/> Useful <input type="checkbox"/> Not useful (explain) _____
Quinine	<input type="checkbox"/> Useful <input type="checkbox"/> Not useful (explain) _____
<b>C.2. Any additional pharmacy's staff comments</b>	

**D. MONITOR COMMENTS**

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