

FORM: PDM HEALTH_ SEDS LIST, BASIC KIT FOR OUT-PATIENT

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. Camp OR Village Name:	Camp _____ Village _____
A.5. Type of Health Facility:	<input type="checkbox"/> Hospital <input type="checkbox"/> Primary Health Centre	A.4. Health facility Name:	
A.7. Delivery Organisation Name:		A.6. Date of Delivery (DD/MM/YR):	___/___/___
A.8. IF Kit delivered to PHC, to which Hospital were Supplementary Kits delivered?:	<input type="checkbox"/> Not Applicable Hospital Name: _____	A.9. Location of Hospital (Sub-district):	
A.10. Name of Drug Store Staff:		A.11. Name of Pharmacy 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 '0'
B.2.	Enter information <u>as seen</u> in Drug Store Registry (documented) – if UNICEF/IP item NOT Received, enter 'N/A'; if UNICEF/IP items not specified in Registry – enter 'N/S'
B.3.	Enter information <u>as seen</u> in the Drug store (count the UNICEF/IP Units remaining) – if UNICEF/IP item NOT Received, enter 'N/A'
B.4.	***DO NOT FILL IF HOSPITAL*** Enter information <u>as seen</u> in the Pharmacy Registry (documented) – if items received but UNICEF/IP NOT specified in Pharmacy Registry, enter 'N/S'
B.5.	***DO NOT FILL IF HOSPITAL*** Enter information <u>as seen</u> in the Pharmacy Registry (documented) – if UNICEF/IP item NOT Received, enter 'N/A'; if items Released but UNICEF/IP NOT specified in Registry – enter 'N/S'
B.6.	***DO NOT FILL IF HOSPITAL*** Enter information <u>as seen</u> in the Pharmacy (count the UNICEF/IP Units remaining) – if UNICEF/IP item NOT Received, enter 'N/A'
ALL	If many discrepancies, highlight to Staff to ensure no present stock is missed. Ask Drug Store or Pharmacy Staff to help you find items.

B. SEDS LIST, BASIC KIT FOR OUT-PATIENT

Items distributed (at PHC or Hospital)	UNIT	Quantity Units in 1 UNICEF/IP Kit	DRUG STORE			PHARMACY		
			B.1. UNICEF/IP Qty Units Received	B.2. UNICEF/IP Qty Units Released	B.3. UNICEF/IP Qty Units Remain	B.4. UNICEF/IP Qty Units Received	B.5. UNICEF/IP Qty Units Released	B.6. UNICEF/IP Qty Units Remain
Medicines								
Amoxicillin 500mg tablets, pack of 100	Pack	60						
Amoxicillin and Clavulanic acid 500mg/125mg tablets/PAC-15	Pack	200						
Azithromycin 250mg tabs/PAC-6	Pack	2000						
Ciprofloxacin 250mg tabs/PAC-10	Pack	100						

Ceftriaxone 1000mg inj vial/PAC-10	Pack	20						
Sulfamethoxazole 100mg + Trimethoprim 20mg dispersible tablets, pack of 10x10 tablets, Blister strips	Pack	10						
Ibuprofen 400mg tabs/PAC-100	Pack	200						
Diazepam inj 5mg/ml 2ml amp/BOX-10 pt	Box	10						
Salbutamol inh. 0.1mg/ds 200ds	Pack	4						
Beclometasone oral inhaler 0.05mg per dose, aerosol of 200	Pack	10						

Medical equipment

Scale,electronic,mother/child,1 50kgx100g	Box	12						
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C. BENEFICIARY FEEDBACK (Ask Drug Store/Pharmacy Staff)

C.1. Are ALL items you received useful? Yes No

If No, please explain 1) which items and 2) why not useful:

C.2. Any additional comment

D. MONITOR COMMENTS