

5. Logistics Monitoring/Evaluation Checklist

Name of District / FLCF _____

1.Name of District Coordinator/Incharge FLCF: _____

2. Incharge Store & Logistics: _____

3.Name & Designation of HMIS Person: _____

4.Number of LHWs: _____

5.Is the separate space for the storage of Contraceptives/General medicine provided?

1. Yes 2. No

6. Store Specification:

1. Location: _____

2. Measurements of present space? _____

3. Is the present space adequate? _____

4. If No. Area required in Sqft. _____

7. Maintenance of Stores:

Cleanliness	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Whitewash	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ceiling Condition (Leackage etc.)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Floor cemented	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Ventilation	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Light	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Firefighting equipment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Door/Windows	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Direct Sunlight	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Secure	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

8. Are storerooms disinfected and sprayed every third month against insects, rodents and birds?

1. Yes 2. No

9. Is stacking of cartons four (4) inches off the floor? (Using wooden planks and approximately two (2) feet away from any wall).

1. Yes 2. No

10. Is each consignment stacked separately? (To facilitate counting and access to hind stack?)

1. Yes 2. No

11. Is first-expiry-first out (FEFO) method followed?

1. Yes

2. No

12. Are stacks more than eight (8) feet high?

1. Yes

2. No

13. Are marking, labels, manufacturing or expiry dates visible?

1. Yes

2. No

14. Has each stack a Bin Card?

1. Yes

2. No

15. If yes? Entries proper

1. Yes

2. No

16. How many times in the last quarter the following officials have visited your store?

	Number of Times
EDO(H)/DOH	
District Coordinator	
Programme Officer	
Any Other	

17. Frequency of supply received from PPIU/DPIU

1. Monthly

2. Quarterly

3. Irregular

18. What is the average time between a FLCF/District request for medicines/supplies and receipt against that indent?

1. _____ Weeks

2. _____ Months

19. Mode of Transportation:

From PPIU to DPIU: _____

From DPIU to FLCF: _____

Date: _____ Time: _____ Location: _____

Please tick the relevant location

Health House/FLCF District PPIU Warehouse Central Warehouse

Items	Items found to be out of stock at the time of inspection?	Any stock found expired?	Physically counted stock in hand (# Units)	Quantity recorded on Bin Card (# units from Stock Ledger)	✓ if Quantity is short	✓ if Quantity is in excess
Paracetamole Tablets	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Paracetamole Syrup	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Cholorquine Tablets	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Cholorquine Syrup	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Cotrimoxazol Syrup	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Piperzine Syrup	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Ferrous Fumate & Folic Acid Tablets	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Sticking Plaster	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Antiseptic Lotion	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Cotton Wool	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Cotton Bandages	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Eye Ointment (Polyfax)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Oral Rehydration Solution (ORS)	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Benzyl Benzoate Lotion	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
B. Complex Syrup	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Geomizol tablets	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Condoms	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Oral Contraceptive Pills	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
Inj. Depo Provera	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				
IUCDs	Y <input type="checkbox"/> N <input type="checkbox"/>	Y <input type="checkbox"/> N <input type="checkbox"/>				

Contact Person _____

[illegible]

Designation: _____

Date & Signature: _____

User Guide for Logistics Monitoring/Evaluation Checklist

Mention the name of district and First Level Care Facility (FLCF)

1. Note the name of district coordinator and in-charge FLCF
2. Give the name of in-charge store and logistics with his designation
3. Give the name and designation of DHIS/HMIS person
4. Give the number of LHWs working in the catchment area
5. Note whether a separate room/designated space for the storage/storage arrangements for contraceptive and general medicine is provided or not.
6. Store Specification:
 - 6.1) mention the location of the store with reference to easy accessibility.
 - 6.2) give the exact measurement of present space.
 - 6.3) note whether the present space is adequate or not.
 - 6.4) if the space is not adequate then mention the further area required in sq. ft.
7. Maintenance of Stores: The monitor should observe all the items given in this section and where required, he should check the functionality of items.
 - 7.1) It means that monitor should check whether the store rooms are clean and free of any insects, rodents and birds or not. He/she should verify the observation from stock register/record of insecticides.
 - 7.2) Self explanatory
 - 7.3) Check that each consignment is stacked separately and can be easily counted.
 - 7.4) It means whether items approaching to expiry are being distributed earlier than items having a longer period of validity before getting expired. Items approaching to expiry should be stacked in front rows.
 - 7.5) This height is convenient for accessibility by the store keeper.
 - 7.6) The supervisor should check few items for this purpose.
 - 7.7) It means whether an updated bin card for each stack is present or not.
 - 7.8) Here again supervisor should pick few bin cards to verify the entries are made properly. He/she should also physically verify that particular drug/item.
 - 7.9) It means that you should count the number of visits of the officers, given in the lists, during the last quarter from the stock register.
8. The monitor should verify the required information from the stock register/receipt vouchers.
9. Give the average time between FLCF and district's request for medicines/supplies and receipt against that indent in weeks or months.
10. Mode of transportation: it means whether the vehicle is being provided by the department or it is being hired by the concerned official. Record the date, time and location of the store given in this section.

The supervisor will check each drug item given in the list for out of stock and any stock expired. He/she will physically count quantity of stocks in hand, quantity recorded on bin card and will record any quantity that is short or in excess.

Give the name and designation of the Contact Person (store keeper of the visited health facility)

Problems and Recommendations:

The supervisor will record all the problems identified during his/her visit along with recommendations to rectify the problems.

The Supervisor will write his/her full name, designation and sign it.