# **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

1. Store Specification:
   1. Location:
   2. Measurements of present space?
   3. Is the present space adequate?
   4. If No. Area required in Sqft.
2. Maintenance of Stores:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Cleanliness | Yes |  | No |  |
| Whitewash | Yes |  | No |  |
| Ceiling Condition (Leackage etc.) | Yes |  | No |  |
| Floor cemented | Yes |  | No |  |
| Ventilation | Yes |  | No |  |
| Light | Yes |  | No |  |
| Firefighting equipment | Yes |  | No |  |
| Door/Windows | Yes |  | No |  |
| Direct Sunlight | Yes |  | No |  |
| Secure | Yes |  | No |  |

1. Are storerooms disinfected and sprayed every third month against insects, rodents and birds?
   * 1. Yes 2. No
2. Is stacking of cartons four (4) inches of the floor? (Using wooden planks and approximately two (2) feet away from any wall).
   * 1. Yes 2. No
3. Is each consignment stacked separately? (To facilitate counting and access to hind stack?)
   * 1. Yes 2. No
4. Is fist-expiry-fist out (FEFO) method followed?
   * 1. Yes 2. No
5. Are stacks more than eight (8) feet high?
   * 1. Yes 2. No
6. Are marking, labels, manufacturing or expiry dates visible?
   * 1. Yes 2. No
7. Has each stack a Bin Card?
   * 1. Yes 2. No
8. If yes? Entries proper
   * 1. Yes 2. No
9. 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 |  |

1. Frequency of supply received from PPIU/DPIU
   * 1. Monthly 2. Quarterly 3. Irregular
2. What is the average time between a FLCF/District request for medicines/supplies and receipt against that indent?
   * 1. Weeks 2. Months
3. 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□ N□ | Y□ N□ |  |  |  |  |
| Paracetamole Syrup | Y□ N□ | Y□ N□ |  |  |  |  |
| Cholorquine Tablets | Y□ N□ | Y□ N□ |  |  |  |  |
| Cholorquine Syrup | Y□ N□ | Y□ N□ |  |  |  |  |
| Cotrimoxazol Syrup | Y□ N□ | Y□ N□ |  |  |  |  |
| Piperzine Syrup | Y□ N□ | Y□ N□ |  |  |  |  |
| Ferrous Fumate & Folic Acid Tablets | Y□ N□ | Y□ N□ |  |  |  |  |
| Sticking Plaster | Y□ N□ | Y□ N□ |  |  |  |  |
| Antiseptic Lotion | Y□ N□ | Y□ N□ |  |  |  |  |
| Cotton Wool | Y□ N□ | Y□ N□ |  |  |  |  |
| Cotton Bandages | Y□ N□ | Y□ N□ |  |  |  |  |
| Eye Ointment (Polyfax) | Y□ N□ | Y□ N□ |  |  |  |  |
| Oral Rehydration Solution (ORS) | Y□ N□ | Y□ N□ |  |  |  |  |
| Benzyl Benzoate Lotion | Y□ N□ | Y□ N□ |  |  |  |  |
| B. Complex Syrup | Y□ N□ | Y□ N□ |  |  |  |  |
| Geomizol tablets | Y□ N□ | Y□ N□ |  |  |  |  |
| Condoms | Y□ N□ | Y□ N□ |  |  |  |  |
| Oral Contraceptive Pills | Y□ N□ | Y□ N□ |  |  |  |  |
| Inj. Depo Provera | Y□ N□ | Y□ N□ |  |  |  |  |
| IUCDs | Y□ N□ | Y□ N□ |  |  |  |  |

Contact Person

Problems and recommendations:

Name of visiting Supervisor:

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.

1. 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.

1. The monitor should verify the required information from the stock register/receipt vouchers.
2. Give the average time between FLCF and district’s request for medicines/supplies and receipt against that indent in weeks or months.
3. 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.