

## ENQUÊTES SUR LA GESTION DES MEDICAMENTS DANS LES ZONES SANITAIRES

### SECTIONS 2 ET SECTION 3 RELATIVES A LA GESTION DES STOCKS DES MEDICAMENTS

Numéro du questionnaire	Numéro Enquêteur [Chargé du suivi des stocks de médicaments]	No. Opérateur de saisie	No. Contrôleur	No. Superviseur

<b>Id1. District sanitaire :</b>		<b>Id2. Département :</b>	/ _ / _ /
1. Banikoara 2. Zogbodomey/Bohicon/Zakpota 3. Adjohoun/Dangbo/Bonou 4. Porto-Novo/ Sèmè-Kpodji/ Aguégués 5. Kouandé/ Pehunco/Kerou 6. Lokossa/Athiémé 7. Ouidah/Kpomassè/Tori 8. Covè/Quinhi/Zangnanado 9. Savalou/Bantè 10. Savè/Ouèssè	/ _ / _ /	<b>Id3. Commune :</b>	/ _ /
		<b>Id4. Arrondissement :</b>	/ _ / _ /
		<b>Id5. Quartier de ville/ village :</b>	/ _ / _ /
		<b>Id6. Nom et code du centre de santé concerné :</b>	/ _ / _ / _ /
		<b>Id7. Nom du gestionnaire de stocks :</b>	/ _ /

<b>Id 8Type de milieu :</b>	Urbain	1	Rural	2
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	Jour	Mois	Année					
<b>Id9 Date de la collecte</b>	...	...	...	...	2	0	1	...

**Ce questionnaire comprend deux sections :**

1. La section 2 est conçue pour mesurer le nombre de médicaments « sortis » du stock au cours des deux jours de visites inopinées dans les centres de santé.
2. La section 3 est destinée à mesurer le nombre de médicaments (appartenant à la liste des médicaments couramment utilisé et collectée dans la section 1 de l'enquête médicament) prescrits dans la journée. Il s'agira ici de recopier le contenu des doubles des prescriptions faites, et ce en fin de journée.

## SECTION 2: INVENTAIRE DES SCTOCKS DE MEDICAMENTS DANS LES FORMATIONS SANITAIRES

Les données suivantes seront collectées par les visites inopinées dans chaque centre de santé retenu par zone sanitaire couverte par l'étude deux fois dans chaque centre.

### INVENTAIRE DU STOCK DES MEDICAMENTS CONSOMMÉS AU SEIN DU CENTRE DE SANTE

JOUR 1 :                      Date : |\_|\_|/|\_|\_|/|\_|\_|                      Heure de début : /|\_||:/|\_||                      Heure de fin : /|\_||:/|\_||

N°	2.1. Nom du médicament		2.2. Unité (se servir de la liste des codes)	2.3 Date de péréemption MM/ AA	2.4. Niveau d'inventaire des médicaments (Nombre)	
	Désignation	Dosage			2.4. A. Début de journée	2.4.B. Fin de journée
1			/ _	/ _  / _	/ _  / _  / _  / _	/ _  / _  / _  / _
2			/ _	/ _  / _	/ _  / _  / _  / _	/ _  / _  / _  / _
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5			/ _	/ _  / _	/ _  / _  / _  / _	/ _  / _  / _  / _
6			/ _	/ _  / _	/ _  / _  / _  / _	/ _  / _  / _  / _
7			/ _	/ _  / _	/ _  / _  / _  / _	/ _  / _  / _  / _
8			/ _	/ _  / _	/ _  / _  / _  / _	/ _  / _  / _  / _
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# INVENTAIRE DU STOCK DES MEDICAMENTS CONSOMMÉS AU SEIN DU CENTRE DE SANTE

JOUR 2:                      Date : |\_|\_|/|\_|\_|/|\_|\_|      Heure de début : /|\_||:/|\_||      Heure de fin : /|\_||:/|\_||

N°	1.1. Nom du médicament		2.2. Unité (se servir de la liste des codes)	2.3 Date de péremption MM/ AA	2.4. Niveau d'inventaire des médicaments (Nombre)	
	Désignation	Dosage			2.4. A. Début de journée	2.4.B. Fin de journée
1			/ _	/ _  / _	/ _  / _  / _	/ _  / _  / _
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### SECTION 3: INVENTAIRE DU NOMBRE DE MEDICAMENTS PRESCRITS DANS LES FORMATIONS SANITAIRES






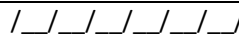
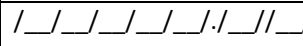
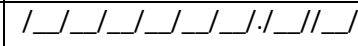

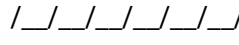
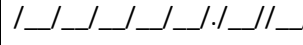
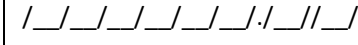

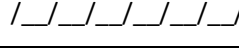

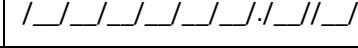

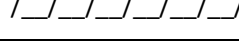
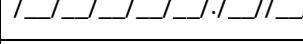
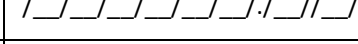

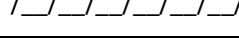
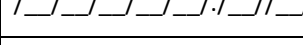
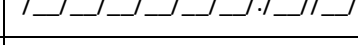

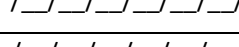
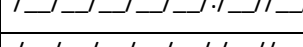
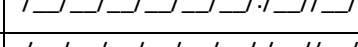

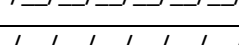
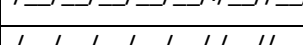
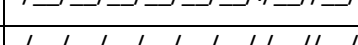

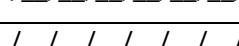
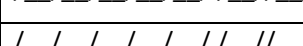
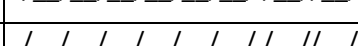

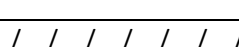
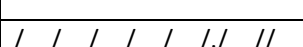
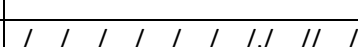

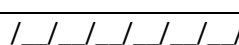
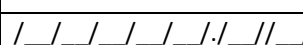
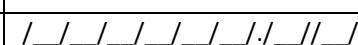

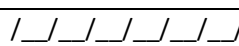
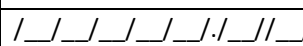
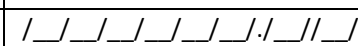

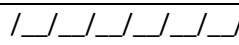
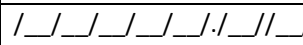
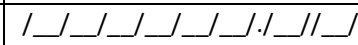

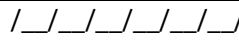
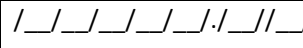
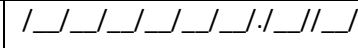

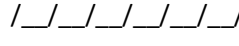
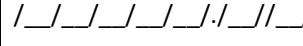
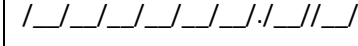

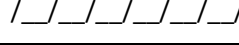

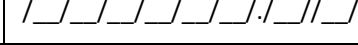

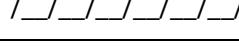
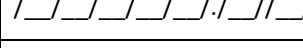
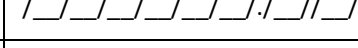

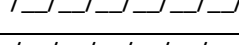
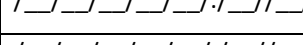
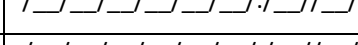

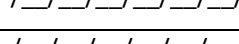
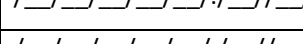
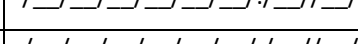

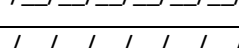
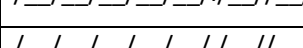
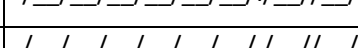

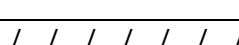
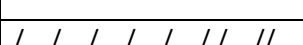
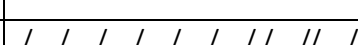

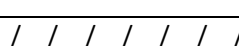

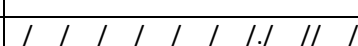

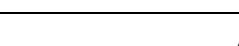
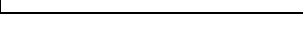
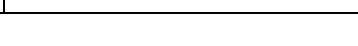




Les données suivantes seront collectées **deux fois** dans chaque **centre de santé** retenu par zone sanitaire couverte par l'étude. **Elles seront collectées le même jour où l'inventaire des stocks de médicaments est fait.** Il s'agira ici de recopier le contenu du cahier de sortie, et ce en fin de journée.

#### PRESCRIPTION DES MEDICAMENTS LES PLUS COURAMMENT CONSOMMES AU SEIN DU CENTRE DE SANTE

**JOUR 1**      **Date :** / /  **Heure de début :** : :  **Heure de fin :** : :

N°	3.1 Nom du médicament		3.2 Unité	3.3 Quantité	3.4 Prix unitaire (en FCFA)	3.5 Montant total (en FCFA) <i>[Quantité*Prix]</i>	3.5 Nom et prénom de l'agent en charge de la vente
	Désignation	Dosage					
1			/	/	/	/	
2			/	/	/	/	
3			/	/	/	/	
4			/	/	/	/	
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**Déclaration de l'enquêteur:** Je certifie que ce questionnaire a été rempli conformément aux instructions reçues lors de la formation. Tout ce qui y est inscrit reflète effectivement les quantités des produits présents dans les stocks de la Formation sanitaire. Ces informations ont été vérifiées ensemble avec le gestionnaire de stock et des ventes.

**Nom :** ..... **Prénoms :** .....

**Signature :** ..... **Date :** ... / ... / ...

<b>Nom du Contrôleur :</b> .....	Date : ... / ... / 201...
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<b>Signature :</b> .....
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<b>Nom du Superviseur :</b> .....	Date : ... / ... / 201...
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<b>Signature :</b> .....
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