

# BEmOC SITE EVALUATION SHEET

Date	
Name of district	
Name of facility	
Catchment population	
Actual / expected deliveries per month	
Is it functioning as a BEmOC site?	

Are the following services provided?	Tick if yes	Number of cases last month
• Parenteral antibiotics		
• Parenteral oxytocics		
• Parenteral anticonvulsants		
• Manual removal of placenta		
• MVA / PAC		
• Vacuum extraction		

If not, what are the reasons?

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## Human resources

Number and cadres of staff	
Number of staff trained in BEmOC	
Number of staff not trained in BEmOC	
Trained staff transferred out?	

## Infrastructure

Running water	
Electricity	
Adequate room (size, state of repair)	
Communication	
(Motorbike-) Ambulance	
Contractors available on site	

## Equipment received from ADB through PAM


**Available equipment**

Vacuum extractors	
MVA sets	
Complete delivery kits	

**Drugs**

Oxytocin	
IV fluids	
Magnesium sulphate	
IV Antibiotics (Ampicillin, Metronidazole, Gentamycin, Erythromycin)	
Pain medication (Pethidin, Ibuprofen)	

**Infection prevention**

Personal protective equipment	
Hand soap	
Chlorine	
Buckets	
Sterile gloves	
Long gynaecological gloves	

**SUMMARY****Strengths**


**Weaknesses**


**Recommendations**


Site evaluated by

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