**LLIN Distribution Form for Use in Schools**

**Class LLIN Distribution Form**

Province:

District:\_

Name of School:\_

Name of Head Teacher:\_ \_\_

Name of Class Teacher:\_

Grade/ Class: \_

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name of Pupil** | **Sex (M/F)** | **Signature/ Thumbprint** |
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**TOTAL NUMBER OF LLIN DISTRIBUTED IN GRADE/ CLASS**

**NUMBER OF LLIN RETURNED TO HEADTEACHER**

Signature of Head Teacher:\_

Date: / /

**Appendix IX: Draft Summary Form for School LLIN Distribution in District**

**District School LLIN Distribution Form**

Province:

District: \_

Name of DEBS: \_ \_ Date: / /

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name of School** | **Grade 1** | | | **Grade 4** | | | **Total Boys** | **Total Girls** | **Total LLIN Distributed** | **No. of LLIN Returned** |
| **Boys** | **Girls** | **Total** | **Boys** | **Girls** | **Total** |
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**TOTAL NUMBER OF LLIN DISTRIBUTED IN ALL SCHOOLS IN DISTRICT NUMBER OF LLIN RETURNED TO DISTRICT**

**Appendix X: Draft Summary Form for School LLIN Distribution in Province**

**Provincial School LLIN Distribution Form**

Province:

Name of PEO:\_

Date: / /

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **No.** | **Name of District** | **Grade 1** | | | **Grade 4** | | | **Total Boys** | **Total Girls** | **Total LLIN Distributed** | **No. of LLIN Returned** |
| **Boys** | **Girls** | **Total** | **Boys** | **Girls** | **Total** |
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**TOTAL NUMBER OF LLIN DISTRIBUTED IN ALL DISTRICTS IN PROVINCE NUMBER OF LLIN RETURNED TO PROVINCE**

Signature of PEO:\_ \_

**Appendix XI: Draft Supervision Checklists for LLIN Distribution in Schools**

**CHECKLIST FOR MONITORING OF LLIN CONTINUOUS DISTRIBUTION IN SCHOOLS**

**Province: …………………………………………………………………… District: …………………………………………………..**

**Name of School: ………………………………………………………… Date: …………/……………/……………………….**

Name of Head teacher:………………………………………………………………….. Con tact No. ………………………………………………. Pre sent: Yes/No Name of School Health Teacher:…………………………………………………… Con tact No ………………………………………………. Pre sent: Ye s/No Other Persons Met ………………………………………………………………… ……. Con tact No. ……………………………………………..

*If LLIN has already been distributed at time of visit, document distribution of LLIN done in classes using section 1 below:*

**1.0 Distribution Data and documentation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Total Number of LLIN issued to school | Number of children submitted on school register in target  groups for LLI N quantification | | Numb e r o f LLI N distributed to target group | | Number of LLIN to be returned to DEO | Doe s LLI Ns issued to target group correspond with available  records?  Indicate **Yes** or **No** | |
| Grade 1 | Grade 4 | Grade 1 | Grade 4 | Grade 1 | Grade 4 |
|  |  |  |  |  |  |  |  |

1.1. Are LLI N issued to target groups documented on the Class LLI N Distribution Form properly? *(Inspect)*

Yes always Yes sometimes No

1.2 Has Head teacher validated and signed off all Cl ass LLI N Distribution Forms? (Inspect) Ye s always Yes sometimes No

General Observation an d Comments

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*If LLIN are yet to be distributed, please use section 2 below to inspect the stocks received and document the following:*

**2. Logistics Management**

2.1. I s there proper documentation a t school level of LLI N received from district level? YES NO

2.2. What is the physical count of LLI N in stock at the school as of today? ……………………..

2.3. I s the LLI N received and documented the same a s the LLIN physical count as of today? YES NO

2.4. Are copies of Class LLI N Distribution Forms available? YES NO

2.5. Are copies of malaria messaging job aids available? YES NO

2.6. Has Head teacher, School Health Teacher and Class Teachers been oriented on distribution process, documentation an d malaria messaging?

YES NO

General Observations/Comments:

………………………………………………… ……… ……… ………… ……… ….……… ……… ………… ……… ………… ……… ……… ………… …

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**3. Education on Malaria and LLINs use and care**

*Test Head teacher and School Health Teacher on knowledge of malaria messages*

3.1. I s Head teacher and School Health Teacher well -versed in malaria, LLI N u se and care messaging?

Well-versed Partially Not well-versed

3.2 Are there job aids to facilitate education on malaria, LLIN use and care? Yes No

3.3 If yes, specify the job aids available …………………………………………………

*If LLIN distribution has already been done, check on how children were educated on malaria and LLIN messages*

3.4. How were school children educated?

I n cl ass At school assembly Both Other Specify

3.5. Was there a demonstration on how to hang an LLIN and care of LLINs during education of school children?

Ye s always Yes Sometimes No

3.6. I f monitoring team was p resent during demonstration, was demonstration of hanging and care of LLI N done accurately?

Yes always Yes Sometimes No Not Applicable

Observe the process and provide comments:

………………………………………………… ……… ……… ………… ……… ………… ……… ………… ……… ………… ……… ………… ……… ……… ………… ……… ………… …