**[SPACE FOR LOGO]**

**[COUNTY] [YEAR] ITN SCHOOL-BASED DISTRIBUTION MONITORING**

**SUPERVISION CHECKLIST FOR MONITORING ITN SBD**

| **Location and School** |
| --- |
| **Admin level 1:** |  | **Admin level 2:** |  |
| **Education system level:** |  |  |  |
| **School:** |  | **Date:** |  |

| **School staff** |
| --- |
| **Role** | **Name** | **Phone contact** | **Present during visit (Yes / No)** |
| Head teacher |  |  |  |
| School health teacher |  |  |  |
| Class teacher |  |  |  |
| Class teacher |  |  |  |

| **START** |
| --- |
| Q1 | Have ITNs been distributed prior to your visit? | Yes |  | **Yes 🡪 Section A****No 🡪 Section B** |
| No |  |

| **Section A: Distribution Data and Documentation** |
| --- |
| A1. Complete the following table with data provided to you prior to the visit and information from the school. |
| Number of ITNs issued to school | Number of children on school register for target grades submitted for micro quantification | Number of ITNs distributed to children in target grades | Number of ITNs to be returned | Do the numbers of ITNs issued to target groups correspond to data on the **Class Distribution Form**?(Yes / No) |
| Grade X | Grade Y | Grade X | Grade Y |  | Grade X | Grade Y |
|  |  |  |  |  |  |  |  |

| A2 | Are **Class Distribution Forms** available for each class to which ITNs were distributed? | Yes |  |  |
| --- | --- | --- | --- | --- |
| No, one or more class missing |  |
| No, no forms available |  |
| A3 | Have **Class Distribution Forms** been correctly and fully completed by the class teacher for each class to which ITNs were distributed? | Yes |  |  |
| No, one or more forms incomplete |  |
| No, all forms incomplete |  |
| A4 | Has the Head Teacher validated and signed off all **Class Distribution Forms**? | Yes |  |  |
| No, one or more forms not signed off |  |
| No, no forms signed off |  |
| A5. General Observations and Comments relating to Distribution Records. |

| **Section B: Stock and Logistics Management** |
| --- |
| Inspect the stocks received by the school and complete the questions in this section. |
| B1 | Does the school have the correct documentation for the ITNs received from Admin Level 2? | Yes |  |  |
| No |  |
| B2 | How many ITNs are documented as being received from Admin Level 2? |  Number of ITNs received |
| B3 | What is the physical count of ITNs in stock at the school on the day of your visit? |  Number of ITNs in stock |
| B4 | Does the number of ITNs in stock match the number of ITNs received? | Yes |  |  |
| No |  |
| B5 | Are copies of the **Class Distribution Forms** available? | Yes |  |  |
| No |  |
| B6 | Are malaria messaging / SBD job aids available? | Yes |  | **No 🡪 Go to B8** |
| No |  |
| B7 | Specify which job aids are available. |  List of job aids |
| B8 | Have the Head Teacher, School Health Teacher, and relevant Class Teachers been trained on the ITN distribution process, distribution documentation, and malaria messaging? | Yes |  |  |
| No, one or more elements or staff levels missing |  |
| No, no training received by any staff |  |
| B8. General Observations and Comments relating to Stock. |

| **Section C: Malaria and ITN SBC Messaging among Teaching Staff** |
| --- |
| Complete this section for all schools visited.Complete the questions in this section after discussing malaria and SBC plans with the Head Teacher and School Health Teacher. |
| C1 | Are the Head Teacher and School Health Teacher well-versed in malaria, ITN use and ITN care messaging?*e.g. can they recite the main message for each of the three topics?* | Yes, well-versed |  |  |
| No, only partially |  |
| No, not well-versed |  |
| C2 | Are malaria messaging / SBD job aids available? | Yes |  | **No 🡪 Go to C4** |
| No |  |
| C3 | Specify which job aids are available. |  List of job aids |
| Complete C4-C6 if ITN distribution has occurred prior to your visit.These questions capture how children were exposed to malaria and ITN SBC messaging. |
| C4 | How were school children educated on malaria, ITN use and appropriate ITN care?*Mark all methods.* | In class |  |  |
| At school assembly |  |
| Other*Specify* |  |
| C5 | Was there a demonstration of how to hang an ITN and how to care for ITNs? | Yes, for all children in the school |  |  |
| Yes, for all children receiving ITNs |  |
| Yes, for some classes that received ITNs |  |
| No |  |
| C6 | If supervision team was present for the demonstration, was it performed accurately? | Not applicable / Not present |  |  |
| Yes, fully complete and accurate |  |
| Yes, mostly complete / accurate |  |
| No |  |
| C7. General Observations and Comments relating to Education/SBC. |