**FORM A**

 PRIMARY SCHOOL DISTRIBUTION OF LLINs

To be completed by **class teacher** during the distribution campaign.

(**A copy of this form should be kept at the school and another submitted to the circuit supervisor)**

|  |  |
| --- | --- |
| Name of school: | Class:  |
| Circuit/Ward: | District/LGA: |
| Period of distribution: *from:*  *to: 2012* |

|  |  |  |
| --- | --- | --- |
| Name of pupil as written in class register  | Sex (tick) | Received (tick) |
| Boy | Girl | Yes | No |
| 1 |  |  |  |  |  |
| 2 |  |  |  |  |  |
| 3 |  |  |  |  |  |
| 4 |  |  |  |  |  |
| 5 |  |  |  |  |  |
| 6 |  |  |  |  |  |
| 7 |  |  |  |  |  |
| 8 |  |  |  |  |  |
| 9 |  |  |  |  |  |
| 10 |  |  |  |  |  |
| 11 |  |  |  |  |  |
| 12 |  |  |  |  |  |
| 13 |  |  |  |  |  |
| 14 |  |  |  |  |  |
| 15 |  |  |  |  |  |
| 16 |  |  |  |  |  |
| 17 |  |  |  |  |  |
| 18 |  |  |  |  |  |
| 19 |  |  |  |  |  |
| 20 |  |  |  |  |  |
| 21 |  |  |  |  |  |
| 22 |  |  |  |  |  |
| 23 |  |  |  |  |  |
| 24 |  |  |  |  |  |
| 25 |  |  |  |  |  |
| 26 |  |  |  |  |  |
| 27 |  |  |  |  |  |
| 28 |  |  |  |  |  |
| 29 |  |  |  |  |  |
| 30 |  |  |  |  |  |
|  |  Total |  |  |  |  |

**Summary**

|  |  |
| --- | --- |
| Number of pupils on roll |  |
| LLINs received for class |  |
| Number of pupils supplied with LLINs |  |
| Number of LLINs remaining shortage  |  |

*I hereby certify that the above information is correct*

Name of class teacher........................................................... Signature:............................ Contact tel............................................

Name of school coordinator................................................. Signature............................. Contact tel............................................

Name of Head teacher .......................................................... Signature:........................... Contact tel............................................

**FORM B**

PRIMARY SCHOOL DISTRIBUTION OF LLINs

To be completed by **circuit supervisor** after the distribution campaign.

 (**A copy of this form should be kept at the circuit and another submitted to the D/SHEP)**

|  |  |
| --- | --- |
|  |   |
| Circuit/Ward | District/LGA: |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of school | No. on Roll | LLINs distributed | Total LLINs distributed |
| P2  | P6 | P2 | P6 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  |  |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
|  | Total |  |  |  |  |  |

Summary

|  |  |
| --- | --- |
| Number of LLINs received for circuit campaign |  |
| Number of pupils supplied with LLINs |  |
| Number of LLINs remaining shortage  |  |

*I hereby certify that the above information is correct*

Name of circuit/ward supervisor...................................................... Signature:............................,,,,,,,Contact tel.:.............................

**FORM C**

PRIMARY SCHOOL DISTRIBUTION OF LLINs

To be completed by **district/LGA coordinator** after the distribution campaign.

(**A copy of this form should be kept at district and another submitted to the Disrict/LGACoord.)**

|  |  |
| --- | --- |
| Region/Province/State  | District/LGA |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of circuit/ward | No. on Roll | LLINs distributed | Total LLINs distributed |
| P2  | P6 | P2 | P6 |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |
|  | Total |  |  |  |  |  |

Summary

|  |  |
| --- | --- |
| Number of pupils on roll |  |
| Number of pupils supplied with LLINs |  |

*I hereby certify that the above information is correct*

Name of district/LGA coordinator....................................................................... Signature:............................................. Tel:..................................

Name of District/LGA Education Secretary........................................................ Signature:............................................ Tel.:...................................

PRIMARY SCHOOL DISTRIBUTION OF LLINs

To be completed by **Regional/Province/State coordinator** after the distribution campaign.

 (**A copy of this form should be kept at the regional education office and copies submitted to the Regional/Province/State Malaria Focal Officer and National Office/Partnetr**

***REGIONAL/PROVINCIAL/STATE SUMMMARY FORM***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of District | Total Number of LLINs Received by District | Total No. Of Pupils on Roll | Total LLINs distributed | Total LLINs distributed |
| P2  | P6 | P2 | P6 |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |  |
| 19 |  |  |  |  |  |  |  |
| 20 |  |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |  |
|  |  | Total |  |  |  |  |  |

*I hereby certify that the above information is correct*

Name of Provine/State coordinator....................................................................... Signature:............................................. Tel:..................................

Name of National/Regional ................................................................ Signature:............................................ Tel.:...............................