GFATM ROUND 9 INTENSIFIED MALARIA CONTROL PROJECT—II (IMCP-II)

VC3. Primary record of bednet delivery and impregnation

Village _____Village Code_____

Sub-Centre _____ PHC_____

Activity	Planned Date	Actual Date
Survey		
Impregnation		
Distribution		

SUMMARY

	Total No.	Number having at least two Effective Bednets (col 10)	% Covered
Houses			

Name of CHV _____ CHV Code _____

S1. No	Name of Head of family	Number of persons living in family	No. bed nets required for total coverage	Number of bed nets (including community owned) available in household survey		No. of bed nets distributed		No. of ITNs impregnated (out of Col 5 & 7)	Total Effective Bednets (Col 6+ col 8 + col 9)
				ITNs	LLINs*	ITNs	LLINs		
1	*2*	*3*	*4*	*5*	*6*	*7*	*8*	*9*	*10*
Total									

*** LLINs within life span to be counted.**

Volunteer's name and signature_____

Health worker's name and signature_____

Synthetic Pyrethroid	Quantity
Available before impregnation	
utilized for impregnation	
Balance after impregnation	

This form is filled in by ASHA or another village volunteer under guidance from MPHW.
Columns 1-7 are filled by survey in advance of delivery by a person, who will inform the villagers about the planned impregnation or delivery, the date and about correct use of the nets.
Number of persons living in household includes only those living there permanently or for prolonged period.
No. of bed nets required: 1-2 persons:1 bed net ; 3-5 persons:2 bed nets; 6-7 persons: 3 bed nets; 8-10 persons: 4 bed nets