Reporting and Recording Tool for Larviciding Activities for Malaria Vector Control (Province Level)

Directorate of Malaria Control (DoMC). Ministry of National Health Services, R&C-Islamabad.

Name of province:
Reporting date:

No	Name of district	Date of initial survey	No. breeding sites visited						No. breeding sites positive with						No. breeding sites treated						Name of Larvicides	Concen. (%)	Quantity used	Date of last application	No. of cycles applied
			1--10	11--20	21--30	31--40	41--50	>50	1--10	11--20	21--30	31--40	41--50	>50	1--10	11--20	21--30	31--40	41--50	>50					
1																									
2																									
3																									
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6																									
8																									
7																									
8																									
9																									
10																									
11																									
12																									
13																									
Total																									

Prepared by: ……	**Designation:----------**	**Date: ……**
Counter-Signed by: ……	**Designation:----------**	**Date: ……**

Contact No: ……..

Contact No: ……..

Note: This Report should be generated by the designated Focal Person (Provincial Entomologist/Epideiologist ect) and should be submitted to Directorate of Malaria Control. Ministry of National Health Services, C&R-Islamabad