

# MOSQUITO NET USAGE SURVEY

## DISTRIBUTION DETAILS

Location: ISINGIRO, MBARARA Sub-location: KANYONZA  
 Date of Original Distribution: 2008 Date of this Review: 8/7/2010

### To the Householder

In the past, you received mosquito nets for free in a community distribution. We are conducting a random review of 50 households to assess net usage and net condition. We would like to ask for your permission to enter your home to gather this information. Information is gathered anonymously and details are not recorded.

### From the householder:

I agree to allow you enter my home in my presence for a few minutes for the purpose of assessing the usage and condition of my mosquito nets.

Signature of member of household: Twinobuzare EME

1. How many nets are there in the household?

Total number of SLEEPING SPACES	<u>4</u>	Number WITH NETS	<u>2</u>	Number WITHOUT NETS	<u>2</u>	Number Of AMF Nets	<u>2</u>
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2. Are the AMF nets being used at night? (please circle one) YES NO

3. Are the AMF nets being used correctly? (please circle one) YES NO  
 Please ask the householder to demonstrate how the nets are used at night.

4. What is the condition of the AMF nets?  
 Please select: Very Good (< 2 holes of < 2cm), OK (fewer than 10 small holes), Poor (more than 10 small holes or 1 big hole) VERY GOOD

	Condition of AMF Net	Who slept under the AMF nets last night?		Condition of AMF Net	Who slept under the AMF nets last night?
Net 1	VERY GOOD	child	Net 6	very good very good	
Net 2	VERY GOOD	child	Net 7		
Net 3			Net 8		
Net 4			Net 9		
Net 5			Net 10		

**CERTIFICATION**

I certify the information in this form is correct.

Reviewer's name and position: VERONIKA JAKUBCIAKOVA M.D. / VOLUNTEER

Reviewer's organisation: ARCADUCSE OF MBARARA



Official Stamp

Against Malaria Foundation [www.AgainstMalaria.com](http://www.AgainstMalaria.com) Page 1 of 1  
100% of our funds buy nets, they end up over heads and beds and we demonstrate that has happened.

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### From the householder:

I agree to allow you enter my home in my presence for a few minutes for the purpose of assessing condition of my mosquito nets.

Signature of member of household: KABAYAMBE - A

1. How many nets are there in the household?

Total number of SLEEPING SPACES	Number WITH NETS	Number WITHOUT NETS	Number Of AMF Nets
4	2	2	2

2. Are the AMF nets being used at night? (please circle one) YES NO

3. Are the AMF nets being used correctly? (please circle one) YES NO  
 Please ask the householder to demonstrate how the nets are used at night.

4. What is the condition of the AMF nets?  
 Please select: Very Good (<2 holes of <2cm), OK (fewer than 10 small holes), Poor (more than 10 small holes or 1 big hole) VERY GOOD

7/5/2010

Condition of AMF Net	Who slept under the AMF nets last night?	Condition of AMF Net	Who slept under the AMF nets last night?
Net 1	VERY GOOD	Net 6	
Net 2	CHILD	Net 7	
Net 3	VERY GOOD	Net 8	
Net 4	CHILD	Net 9	
Net 5		Net 10	

**CERTIFICATION**

I certify the information in this form is correct.

Reviewer's name and position: VERONIKA JAKUBCIAKOVA M.D., VOLUNTEER

Reviewer's organisation: ARCHDIOCESE OF MBARARA



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### From the householder:

I agree to allow you enter my home in my presence for a few minutes for the purpose of assessing the usage and condition of my mosquito nets.

Signature of member of household: Tundanya

1. How many nets are there in the household?

Total number of SLEEPING SPACES	Number WITH NETS	Number WITHOUT NETS	Number Of AMF Nets
5	5	0	2

2. Are the AMF nets being used at night? (please circle one) YES NO

3. Are the AMF nets being used correctly? (please circle one) YES NO

Please ask the householder to demonstrate how the nets are used at night.

4. What is the condition of the AMF nets?

Please select: Very Good (<2 holes of <2cm), OK (fewer than 10 small holes), Poor (more than 10 small holes or 1 big hole)

7/6/2010

Condition of AMF Net	Who slept under the AMF nets last night?	Condition of AMF Net	Who slept under nets last night?
Net 1	NET GOOD 3 CHILDREN	Net 6	
Net 2	POOR 2 ADULTS	Net 7	
Net 3		Net 8	
Net 4		Net 9	
Net 5		Net 10	

**CERTIFICATION**

I certify the information in this form is correct.

**Reviewer's name and position:** VERONIKA JAKUBCIAKOVA M.D., VOLUNTEER

**Reviewer's organisation:** ACCOUNTEE OF MBARARA



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