

MOSQUITO NET USAGE SURVEY

DISTRIBUTION DETAILS	
Location: <u>PARISH</u> <u>MTEBECA DISTRICT - RUSHOKA</u>	Sub-location: <u>KIZBWE</u>
Date of Original Distribution: <u>2009</u>	Date of this Review: <u>20/10/2010</u>

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; your personal 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 use and condition of my mosquito nets.

Signature of member of household: Ariko maria Goret

1. How many nets are there in the household?

TOTAL	Number of SLEEPING SPACES	Number WITH NETS	Number WITHOUT NETS
<u>2</u>	<u>4</u>	<u>2</u>	<u>2</u>

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

3. Are they 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 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)

	Condition of Net	Who slept under the net last night?
Net 1	<u>OK</u>	<u>SA. KLOMA</u>
Net 2	<u>OK</u>	<u>SA. KLOMA</u>
Net 3		
Net 4		
Net 5		

	Condition of Net	Who slept under the net last night?
Net 6		
Net 7		
Net 8		
Net 9		
Net 10		

CERTIFICATION

I certify the information in this form is correct.

Reviewer's name and position: VERONIKA JAKUBOVIC, M.B.

Reviewer's organisation: RUSHOKA HEALTH UNIT I



MOSQUITO NET USAGE SURVEY

DISTRIBUTION DETAILS	
Location: <u>PARISH</u> <u>MOSP-1 TEST-RUSHOKA</u>	Sub-location: <u>KIYUBWE</u>
Date of Original Distribution: <u>2009</u>	Date of this Review: <u>20/10/2010</u>

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: your personal 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 use and condition of my mosquito nets.

Signature of member of household: Timukwe Tereza

1. How many nets are there in the household?

TOTAL	Number of SLEEPING SPACES	Number WITH NETS	Number WITHOUT NETS
<u>X2</u>	<u>10</u>	<u>6</u>	<u>4</u>

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

3. Are they 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 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)

	Condition of Net	Who slept under the net last night?
Net 1	<u>VERY GOOD</u>	<u>children</u>
Net 2	<u>POOR</u>	<u>adult</u>
Net 3		
Net 4		
Net 5		

	Condition of Net	Who slept under the net last night?
Net 6		
Net 7		
Net 8		
Net 9		
Net 10		

CERTIFICATION

I certify the information in this form is correct.

Reviewer's name and position: VERONICA JAKURCIKOVÁ, M.D.

Reviewer's organisation: RUSHOKA HEALTH UNIT II

Official Stamp

MOSQUITO NET USAGE SURVEY

DISTRIBUTION DETAILS

Location: RUSSHOOKA PERISHA Sub-location: KIJUBWE
 Date of Original Distribution: 2009 Date of this Review: 20/10/2010

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; your personal 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 use and condition of my mosquito nets.

Signature of member of household: [Signature]

1. How many nets are there in the household?

TOTAL	Number of SLEEPING SPACES	Number WITH NETS	Number WITHOUT NETS
2	6	4 + 1	1

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

3. Are they 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 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)

	Condition of Net	Who slept under the net last night?
Net 1	VERY GOOD	children
Net 2	OK	adult
Net 3		
Net 4		
Net 5		

	Condition of Net	Who slept under the net last night?
Net 6		
Net 7		
Net 8		
Net 9		
Net 10		

CERTIFICATION

I certify the information in this form is correct.

Reviewer's name and position: VERONIKA JARUSHIKOVA, A.S.

Reviewer's organisation: RUSSHOOKA HEALTH UNIT II

Official Stamp