POST-DISTRIBUTION MONITORING OF MOSQUITO NET USAGE

AGAINST MALARIA FOUNDATION

THE REPUBLIC OF UGANDA MINISTRY OF HEALTH

Country/Region:	**District name:**
Date of distribution: 2017/2018	**Sub-District name:**
Date of this survey:	**Community name:**

Household ID:

To the Householder In the past, you received mosquito nets for free in a community distribution. We are conducting a survey of randomly selected households to assess net usage and net condition. We would like to ask for your permission to enter your home to gather this information.

I agree to allow you to enter my home, in my presence, to assess the use and condition of my mosquito nets.

Signature/Thumb Print of Household Head

Name of the Household Head   First name _____   Last name _____

Contact Number _____

1. How many people are there in this household?

2. How many regularly used sleeping spaces are there in the household?

3. Please complete the following table for all nets found hanging in the household:

(If a net is worn out do not include it in the table, but note it in question 4. If there are zero nets found hanging, skip to question #4)

	Brand of net ☑○ (tick one)					Net distributed in 2017/18 mass distribution? ☑ (tick for yes)	Net condition ○☑○ (tick one)			How many slept under this net last night?				
	Olyset		PermaNet		Other		Very Good	Good	Just OK	# Children Under 5	# Children 6 to 18	# Preg W	# Other adult	
	Olyset	Plus	2.0	3.0										
Ex.	○	○	☑	○	○	☐	☑	○	○	1			1	
Net 1	○	○	○	○	○	☐	○	○	○					
Net 2	○	○	○	○	○	☐	○	○	○					
Net 3	○	○	○	○	○	☐	○	○	○					
Net 4	○	○	○	○	○	☐	○	○	○					
Net 5	○	○	○	○	○	☐	○	○	○					
Net 6	○	○	○	○	○	☐	○	○	○					
Net 7	○	○	○	○	○	☐	○	○	○					
Net 8	○	○	○	○	○	☐	○	○	○					
Net 9	○	○	○	○	○	☐	○	○	○					
Net 10	○	○	○	○	○	☐	○	○	○					

Net condition

Very Good fewer than 2 holes of less than 2cm each

Good fewer than 10 small holes

OK fewer than 20 small holes and no holes bigger than 20cm

If there are more than 10 nets continue on another form (and mark both forms).

4. Of the nets received in the 2017/2018 universal coverage campaign ONLY:

Number originally received	Hung sum of ☑ ticked above	Present but not hung ✽	Worn out	Not present ✽✽
	=	+	+	+

✽**Reason:** ☐ Lack of hanging tools ☐ No hanging space ☐ Saved for future use ☐ Unwilling to use ☐ Net can be hot ☐ It can catch fire

✽✽**Reasons:** ☐ Used for other purposes ☐ Given to family member ☐ Stolen ☐ Other

5. Does the householder know how to hang and use a net correctly?

Ask the householder to demonstrate how the nets are used at night, if not obvious from the nets hanging

Yes / No

6. How many people in this household have had blood-test diagnosed malaria in the last month?

PDM Variable Definitions

Net presence (AMF nets only):

- **Nets hung**: Number hung (Q4) / Number originally received (Q4)
- **Nets present not hung**: Number present but not hung (Q4)/ Number originally received (Q4)
- **Nets worn out**: Number worn out (Q4)/ Number originally received (Q4)
- **Nets missing**: Number not present (Q4)/ Number originally received (Q4)
- **Nets received:** Number originally received (Q4)

Net usage:

- **Hang up (AMF nets only):** Number hung (Q4)/ Number originally received (Q4)
- **People coverage:** Sum of "How many slept under this net last night" (Q3)/ People in the household (Q1)
- **Sleeping space coverage:** Number of nets hung (Q3)/ Sleeping spaces in the household (Q2)
- **Correct usage** *AND* **Households used correctly:** Number of "Yes" answers (Q5)/ Total answers (Q5)
  - Where Q5 has been answered and at least one AMF net is hung (Q4)
- **Nets used correctly:** Number of nets hanging (Q3) in households with "Yes" answers (Q5)/ Total nets hanging (Q3)
  - Where Q5 has been answered

Net condition (AMF nets only):

- **Very good**: Sum of 'Very Good' nets (Q3)/ [Sum of all hung nets (Q3) and worn out nets (Q4)]
- **Good**: Sum of 'Good' nets (Q3)/ [Sum of all hung nets (Q3) and worn out nets (Q4)]
- **Viable**: Sum of 'Just ok' nets (Q3)/ [Sum of all hung nets (Q3) and worn out nets (Q4)]
- **Worn out**: Worn out nets (Q4)/ [Sum of all hung nets (Q3) and worn out nets (Q4)]

CERTIFICATION:
I certify the information in this form is correct

Surveyor's name and position:	Surveyor's organisation:	Surveyor's telephone: