

**Concern Universal  
Ntcheu, Malawi  
October 19-22, 2011**

*We visited Concern Universal (CU) in Malawi as part of our evaluation of the Against Malaria Foundation (AMF). In late 2011, AMF plans to send about 250,000 nets to Malawi for CU to distribute in Ntcheu as part of a countrywide effort to cover every sleeping space. It is AMF's largest distribution to date by far and AMF told us that this program is likely to serve as a model for future distributions.*

**Day 1 - meeting with Country Director and visit to homes with previously distributed nets**

We had a two hours ride with Robin Todd, the country director for CU. He's been in Malawi for about a year. He previous worked for the British government as a civil servant and as part of an evidence-based policy research group.

Malawi is CU's largest country of operation. CU is a British charity which works in 10 countries worldwide. The organization has a very decentralized structure and, the Malawi program is responsible for raising its own money and developing its own strategy. Almost all of the funding comes from government funders. The British office supports new programs and has about 20 staff. CU Malawi has over 300 staff. Robin told us that because government funders are highly concerned with efficiency and insist on tight restrictions and reporting as to how their money is spent. CU has limited funds to spend on overheads and hence has shabbier offices than some of those organizations which raise larger amounts of unrestricted funding from individuals. When asked which organizations do particularly good work in Malawi, he named CARE and Oxfam and said there are others as well.

CU has a number of different cross-sector projects. They do a lot of water, sanitation, and hygiene (WASH) work. They have two of their own borehole drilling rigs. They do assessments of what a village needs for safe water access and then do whatever is needed: protect a shallow well, protect a spring, fix a broken borehole, or build a new borehole. They do hygiene promotion and subsidize latrine building. They do an integrated development program funded by Irish Aid that includes HIV awareness, WASH, nutrition (promoting eating foods from six food groups), and malaria, as well as a plan for monitoring and evaluation. CU believes in tackling multiple problems in one place and aiming to make its work community-driven. They also believe in working closely with the District Council on all interventions as the most sustainable means of building service delivery capacity so that local government is able to identify and respond to community needs.

CU got involved with Against Malaria Foundation (AMF) because AMF asked USAID who does good work in Malawi and USAID said that CU does good malaria work (raising awareness) but didn't distribute bed nets. AMF sent 20,000 nets to CU earlier this year to distribute in a small part of the same district and in the district of Dedza. In areas where CU can't distribute nets, it is trying to get people to buy them. CU conducted a pre-distribution survey and has completed a 6-month follow up study.

When we arrived at the CU Ntcheu office, we met with 7 people: Robin Todd, the project coordinator for net distribution Chimwemwe Nyoni, CU's monitoring and evaluation officer Siphon Jale, 2 staff members- Chikondi and Bertha- working on the implementation of the net distribution who had just been hired but who had been interns previously and had worked on the previous net distribution, and two coordinators for the nutrition and integrated development program Edward and Harry.

CU has been working in Ntcheu for 7 years, less time than it has worked in Dedza, an adjacent district. It started with a livelihoods project there and then got a grant for a WASH program which ended in June. More recently it has been working on the integrated development project, which it sees as a learning exercise. That project is spread across multiple districts. Other projects include a disaster preparedness program and a cookstove production project. The latter is self-sufficient now because it's been certified for carbon trading. One complication with the carbon trading was that people were found to be cooking more with their improved stoves, leading to less carbon emission reduction than anticipated.

There are some myths around net use that CU tries to counter through education, including the idea that a man can't perform sexually under a net and that nets cause rashes. CU attributes the first myth to men waking up less in the night and thus having fewer opportunities to have sex. CU said that fewer than 1% of people get rashes and that this is usually less of an issue if one leaves the net unused for about a week after hanging.

CU generally wouldn't do a one off project like what they are going to do with the net distribution and are carrying one out this time because of the length of time with which they have worked with Ntcheu District Council and its relevance to their objective of building District capacity on service delivery. For the distribution, they have determined that it's important to rely on existing infrastructure such as a Health Surveillance Assistants (HSAs), government health workers who each cover a few villages. There are 431 HSAs in Ntcheu and 37 health centers. The HSAs are assisting with the pre-distribution survey and the distribution.

CU visits a village 4 times during the distribution process:

1. Sensitization: let people know about the program
2. Registration: an HSA, the village head, a CU person, and potentially others (they told us that 5-6 people visit each house) go door to door in each village and ask how many sleeping spaces there are and how many usable nets there are, and make a register. This phase takes an HSA about four days per village.
3. Verification: call a village meeting, read off the names and nets needed on the register, and ask for corrections and people who were missed.
4. Distribution: this takes about 5 hours in each village. They take the register and give out nets and have people sign or thumb print two registers, one that stays in the village and one that CU keeps and scans and sends to AMF. For the register we saw (from the smaller distribution earlier this year), the official attendees had signed in the back. The village headman, a village development committee rep, a district health office rep, and a CU rep had signed. The line for an AMF rep was blank.

In the previous distribution, CU piloted the pre-registration system. We asked what issues they had encountered during this distribution. They said that

It can be hard to match individuals to the names on the list;

women can be shy about saying their husbands' names;

some people have tried to get extra nets by claiming (falsely) that they're not on the list, and then later coming back and getting the nets that were allocated to them;

CU lost a bale of nets off the back of a truck but later recovered it with community help,

For the survey, the only nets they count as existing usable nets are long-lasting insecticide-treated nets (LLINs). They can tell whether a net is an LLIN because LLINs are marked and because they can ask about retreatment behavior. To tell whether an LLIN is useable, they look for holes. There have to be no big holes and fewer than 3 small holes. In the last pre-distribution survey, there were 26,385 sleeping spaces (47,824 people) in the area and 6,326 useable nets. There were fewer nets in Dedza than in Ntcheu. In total they found that on average 1 net is required to cover 1.8 people (some people sleep alone; others share sleeping spaces).

For the follow up surveys, CU picks names randomly off the register, goes to the village, asks where the person lives, and asks them about net usage. One problem that they saw was that people sometimes sleep on bamboo mats which tear the nets. In the 6 month survey for the earlier distribution, in cases where people had mattresses, the nets were in good condition.

They also provide malaria education through drama and posters. One way CU mentioned that people can be encouraged to buy nets is through the message 'it's cheaper than a funeral.'

For the new distribution, there's been an orientation for government leaders, and CU is scheduling meetings with HSAs. The project director meets with the national distribution committee weekly, and has been advocating an approach where data is collected pre-distribution on where ITNs are needed. Population Services International has agreed to clear the nets through customs duty-free (they have special status for this).

On the market, nets cost 1000 kwacha. The government distributes nets to pregnant women and most of the nets that were found in the last pre-distribution study were from this program. A survey conducted by Concern Universal in Phalombe found that about 25% of children under 5 were covered by nets, while 45% of children under 23 months were (younger children are more likely to still be sleeping with their mothers).

When we asked CU what they thought local people would say are their biggest problems, they named tangible things like hunger, having a health center, and water access. They also said it depends who you ask. Men tend to dominate these sorts of conversation and will name production-related issues.

We asked whether health care is free. CU said that it is free in government hospitals, but not in missionary hospitals. CU added that

- Malaria drugs are free everywhere, but one has to pay a consultation fee.
- Many people are far from a government hospital and have to rely on village clinics.
- Malaria is one of the largest health problems. There are few doctors and most of the country's doctors are in administrative positions in the national and district health offices.
- There used to be reasonable drug supplies, but it's now a problem because the country doesn't have enough foreign exchange.

Irish Aid is funding the distribution costs for the large net distribution. This doesn't include shipping costs which CU are covering. Shipping costs 45,000 pounds. Pre-distribution costs 29,000 euros, including allowances for the HSAs and fuel; the distribution costs 39,000 euros, which is mostly fuel, and the post-distribution costs 6,500 euros per survey. Irish Aid has funded the 6 month survey but not the 18, 30, and 42 month surveys.

We drove for about 30 minutes to one of the villages where CU had distributed nets previously. We picked up the village headman on the way. He did not speak English. He was dressed well but seemed to live in a modest brick house. The village seemed very poor to us. All of the children were wearing dirty clothing with holes in it, and the houses seemed to mostly be made of mud bricks with thatched roofs. There were few adults around since it was a market day. We did not see a single man except for the men who were there specifically to meet us. The headman was very knowledgeable about the distribution process and described every step of it to us. He also told us 'thanks for the nets but don't forget that we have other problems too.'

We talked to an HSA. He said that he covers 4 villages with over 2000 people. The other HSA who was there covers 2 villages with 1514 people. Their role is to tell people how to use nets, to get vaccines, to inspect water points, to distribute water purification products, etc. They sometimes go door to door, or people will come to their houses, or they will organize village meetings to communicate health messages. They believe that they have a very large catchment area. One has a "junior certificate" and received training from the government in nutrition, family planning, communicable diseases, etc. The initial training program was 10 weeks long. He's been doing this since 1994. He stated that HIV is a very big problem, and that problems such as malaria, maternal and neonatal death, and lack of family planning use have lessened since he started. Anemia was a big problem, but nutrition education has helped.

There were also 3 health volunteers in the village who act as a link between the HSA and the village.

We visited 6 houses in the vicinity. These houses were chosen by the village headman. Our notes on them:

1. 2 sleeping spaces, 1 net, which was set up but stowed for the day

2. 1 sleeping space, 2 people, 1 hung net in good condition
3. 2 sleeping spaces, 4 people, 1 net which was hung. The woman present told us that she told the surveyor that they all sleep in the same place so she only got one net but there's not enough room for everyone under it.
4. 3 people (husband, wife, baby), 1 net they all sleep under, hanging.
5. 1 woman sleeps in the house and has 1 net, which was hung
6. Same as above
7. 2 people, 1 net, hung.

## **Day 2 - verification meetings**

We visited two village meetings called to verify the door-to-door registration. The meetings were delayed because of a government meeting to allocate fertilizer vouchers, and started in the early afternoon. One of the conversations we had while waiting was about schistosomiasis. We asked the District Malaria Coordinator whether he ever encountered it. He said yes, some people come in because it is painful to urinate or because their urine is red (this means it has significant blood in it); when they are diagnosed for schistosomiasis, they are given praziquantel (a dose based on their weight) and generally the single dose of praziquantel alleviates the symptoms. We asked how common these cases are, and he said they are relatively rare: one or fewer cases a day out of a hundred or so people who come in.

The first meeting was for two villages, with 265 and 170 households, respectively. There were 100-200 people present. Men and women sat apart. There were about 20 men, while the rest were women. We asked why there were so many more men than women and we were told that women are more concerned with health issues than men.

CU discussed the program. They told people, "It's a long process but don't worry you will get your net at the end." They read out a list of names, with the number of people in household, and number of nets allocated. Two or three times someone interrupted and a discussion ensued. The discussions were rather long and involved some laughter; we asked what had happened and were told that they were discussing the number of family members and who slept where. We were told that the official protocol was for villagers to make any corrections after the meeting, but that some had chosen to speak up during the meeting.

About 10 staff members came along and the higher-up staff led the meeting. CU says they are going to do about 50 of these meetings, and this early meeting seems to have served as a training for staff (future meetings will involve fewer staff).

It was a long meeting, maybe an hour, most of which was reading names.

After the meeting around 20 people lined up. These were said to be people who had come late/missed their name and were making sure they were on the list. We asked whether they might also be complaining that they had been allocated too few nets and staff said yes, if they didn't want to speak up in the big meeting they could do it now. We asked whether CU was worried that people might try to get more nets than they should. CU said that was why they did the meeting with the whole village present, though they conceded that some people might be waiting until afterward to make their complaints. We asked what would stop someone from waiting until after the meeting and then complaining they had received too few nets and CU said they would be saying this in front of their neighbors, as well as the village headwoman and the HSAs. We responded that there were only 10-20 people present at the post-meeting lineup, and that the village headwoman and the HSAs were not engaged in this lineup, and CU responded that there were other measures in place as well, such as checking the list directly with the village headman/headwoman.. We asked whether CU is worried about people reselling nets and CU said no: CU takes nets out of the package (which makes them secondhand) and prints people's names on the nets, and in addition there has been no evidence of reselling of nets from the post-distribution surveys which CU has carried out over the past twelve months for AMF.

One woman in the line at the end was from the wrong village. CU told her to wait for her village's turn.

For the second meeting, there was a crowd of people, still separated by gender and still overwhelmingly female, though there wasn't a space between the gender groups like in the first meeting (it was just one clump, males on one side and females on the other). We asked one of the staffers why most of the people were female, and were told that most men send their wives to these meetings.

We put down benches at a distance from the group (which had been sitting waiting for our arrival) and the group moved in front of the benches. CU announced that while two villages were in the meeting, they were only going to read one village. At first nobody got up to leave, but once they started reading the names, some people got up.

We looked at the data sheet as the meeting took place. Most households had 0 nets currently, some had 1, and few had more. Nets were slightly more common for households with under-5's, but still most didn't have them. The vast majority of households were registered to receive 2 nets.

The 2nd meeting had no interruptions.

### **Day 3 - HSA training**

We took a about 30 minute drive over bumpy roads to a health center at which an HSA training took place. This was the training for collecting data on who had/needed nets, the same sort of data that had been used on the previous day in the village registration meeting. The meeting lasted about 2 hours; it was in another language, and we sat next to someone who translated some but not all of what was said. There were about 20 HSAs present. This was the training for one of the ~20 clusters; 7 villages are in this cluster. Each HSA is to have 4 days per village to collect data: 3 to go door to door and one to check/consolidate/clean up.

They explained how to recognize a usable net (it has to be an LLIN and there are rules about how many holes are OK). They said they would be checking the data sheet with the village leader as well as reading it to the whole village, so HSAs shouldn't be corrupt: they need to get the right data.

Each of the ~5 CU employees spoke at length. There was a jovial exchange along the lines of "what about when a wife and husband are sleeping separately?" The answer was that they each get a net. There was a question about people who follow a religion that says not to use nets. The answer was that if people don't want nets they shouldn't be registered for them. One HSA asked whether he should register himself, since he doesn't have a net. They said yes, but only on one village register. There was concern about the issue of "what if not everybody gets a net?" The answer was that it's a universal coverage campaign: everyone gets their nets. An HSA said that some people use the nets to kill birds, and CU said HSAs should tell people not to do this, that it's dangerous to eat birds that have been killed with nets because of the insecticide.

We asked CU why it plans to give out nets at a village meeting after registration, instead of going door-to-door and distributing nets at that time. CU said that the latter approach could cause problems if they didn't estimate enough nets to bring along ahead of time, that it wouldn't allow CU to collect good data on pre-existing net coverage, and that it would hamper transparency (villagers wouldn't have chances to review and make changes to information on how many nets were needed for each household)

We asked CU whether they do any household-level checks of the data the HSAs report, i.e., sending CU staff directly to randomly chosen households to see whether the existing net coverage matches the data collected by HSAs. They said that checks are currently limited to village-level meetings, and that doing a household-level audit sounds like an idea worth considering.

### **Day 4 - WASH program**

We accompanied the water, sanitation and hygiene (WASH) team on our fourth day, touring villages where WASH programs were in operation.

CU is working in two 'traditional authorities' in the districts of Ntcheu and Dedza to expand access to water and sanitation as part of a 16 month project funded by DfID that started in April. CU previously did a similar project for 5 years in different traditional authorities, also sponsored by DfID and the EU. During that project each community reported monthly on whether their water points were functioning. Tracking stopped when the project stopped, though they are conducting an evaluation of past WASH programs.

In addition to WASH programs, the project is working on HIV issues, environmental, management, and human rights. We didn't get into the specifics of these. They called these pieces the "mainstreaming work."

We discussed CU's work with water points:

- There are 25 staff members for the project, including an engineer and six technicians for borehole and shallow well rehabilitation and drilling.
- The goal is to construct or rehabilitate 365 water points.
- It costs one million kwacha to build a new borehole, a lot of which is the cost of the 250 liters of fuel. Cement scarcity and theft/vandalism can be problems.
- It takes about 2-3 days for a technician to rehabilitate a borehole and about 5-7 days to build a new borehole. CU owns its own drilling equipment.
- Protecting a shallow well takes about 5-7 days because the water has to be drained and the pit lined with bricks. This process is cheaper than rehabilitating a borehole.
- CU said that most of the boreholes in the traditional authority weren't working at the start of the project.
- CU's goal is to protect and upgrade existing water sources where possible, and to base their work on the suggestions of village committees and village headmen. We asked whether the committees and headmen ever seem to be focused on their own personal convenience rather than the village's, and CU responded that this can happen and that CU watches for it.
- CU tests water samples from all boreholes it has drilled, and where results indicate contamination, CU treats the water with WaterGuard/chlorine. Water sample tests are intended to be taken periodically.
- Malawi standards indicate one water point for every 250 people or 500m radius.
- We asked how CU had chosen the area it was working in, and CU responded that it had consulted with the local government and chosen a low-ranking (in terms of water supply) area.
- Village WASH committees are taught basic borehole maintenance and local mechanics are taught more advanced maintenance.

We visited a rehabilitated borehole. The borehole had been built in 1999, had broken one year later and had remained broken until CU fixed it in June 2011. It had an "Afridev" pump, a technology that was developed in Africa but is now manufactured in India. After the pump broke in 1999 and before CU repaired it, community members had used either the river or another borehole that is a kilometer away. The borehole was 60 meters deep.

Several people had gathered to meet us at this borehole. We asked the people to raise their hands if they used a bed net. About 60% raised their hands. They said they had gotten them from the health center and that they were long-lasting nets.

We also visited a covered shallow well. This looked similar to a borehole, with a concrete platform and pump that was a bit simpler than the borehole pump. It was 3.2 meters deep. Before the well was protected it had been a hole in the ground that people could dip buckets into. One downside of protecting the well is that if the pump breaks, the community won't have access to the well. We were told that there is a rehabilitated borehole 200 meters away. It was built in 1988, broke in 2003, and was fixed by CU in 2011.

As before, women had gathered to meet us, and we asked them (there were 7 present) to raise their hands if they had nets. Two raised their hands; both had babies on their backs.

We then discussed sanitation education.

Sanitation programs are through village WASH committees. These committees are made up of volunteers who are trained by community health workers on how to construct latrine platforms and "tippy taps" (simple foot operated hand washing devices). The committee members are then tasked with training other village residents. The committees are trained by HSAs, who are trained by CU staff. Prior to CU's involvement, these committees have often been officially in place, but inactive.

Part of the WASH project focuses on creating more improved latrines. Regular latrines are pits with logs on top. They are hard to clean and generally aren't covered. CU gives village committees concrete to make platforms for the top of the latrines, with covers to keep out flies. The hope is for each household to have one. Households contribute sand and rocks for the platform. We saw a handful of these drying in each of the villages we went to. We also met with village WASH committees who described the process.

We went to three pre-chosen households to see their sanitation facilities. These households seemed wealthier than the households we had visited a few days earlier (the post-bednet distribution households). They were better maintained, had glass windows, and the families owned livestock, though they all had thatched rather than metal roofs and the children were generally wearing clothing that was in relatively poor condition. Each household showed us their dish rack, bath shelter, improved latrine, drying line, separate kitchen, rubbish pit, tippy tap with soap and water, and clean swept floors.

In the first household, the woman present told us that she has to refill the tippy tap every one or two days. She gets her water from an unprotected spring 100 meters away. CU plans to protect this spring in the future. CU has protected a local borehole 1.5 km away from her house. She indicated that one of the structures (pictured) was her kitchen, another was for her daughter, another was for her son and another was for her goats. Two people stayed in the main house. She also told us that she had an LLIN, which she bought last year.

When we visited the second household, we asked about when she had added the various hygiene-focused aspects of her home. She said she had put in the tippy-tap 2 weeks ago, that her refuse pit had been put in in June, and that she had had the latrine built in August. We asked whether she had a net; she said no, because she didn't have the money to buy a net. We asked how much a net cost and how much the latrine had cost; the answers were 800 kwacha and 1000 kwacha, respectively (though she said conical nets cost 3000 kwacha). We asked her why she hadn't spent bought a net rather than building a latrine. She said the net was further down her priority list, but that they were of similar importance and that she would buy a net when she had the funds.

We had a similar exchange with the woman in the third household. She said she had built her tippy tap in June after speaking with a committee member (she herself hadn't been on the WASH committee), and that she didn't have a net. She is expecting a child, but hasn't been to an ANC visit yet. She has one young child but the child stays with a grandparent and the net she got for that pregnancy is with the child. We also asked how long she spends each day getting water, and she said 20 minutes round trip, 3x per day.

We asked about whether the tippy tap was CU's invention. CU said it had seen the tippy tap in use by a smaller NGO and had scaled up the idea.

- We then asked to visit two additional houses that didn't have full sanitation facilities. The first stated that she used a neighbor's tippy tap, and hoped to build one of her own. She also stated that she did not have a net because she didn't have the money to buy one. Upon request, she showed us her house, and we took pictures (we did not see any nets).
- The second stated that she intended to put in sanitation facilities in the future. She also told us she had a net, which she had received from the clinic, and that she sleeps under it every night.